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Original Department.

Medicine, How to Regard it and How to Study it.

An Address by Prof. J. J. Mulheron, M. D., at the Opening of the Michigan College of Medicine, September 6, 1881.

THE beginning of the address was devoted to a friendly welcome of the class, in which the Professor sought to impress upon the students the fact that the faculty desired them to draw near to them, and breaking down the wall of reserve which too often exists between the teachers and the taught, to regard the faculty as gentlemen personally interested in their success, and personally anxious to assist them to the extent of their ability.]

It would seem meet on engaging in this work, as indeed in engaging in any other work of importance, that a proper conception be formed of its nature, and a definite plan of procedure determined on for its prosecution. We shall, therefore, attempt during this hour this two-fold object, and shall first propound the question, What is this medicine in the study of which some of you have for some time been engaged, and which others of you have just entered upon? Perhaps you have never definitely formulated a reply to this question, although, of course, each has in general way formed a conception of its nature. This conception will necessarily vary with the individual. Opinions differ, such is the infirmity of human judgment, on the most tangible of objects, and it would be too much to expect that there should be a uniformity regarding a subject necessarily more or less ideal. There are some, although I would not insinuate that any such are here, to whom medicine is purely a means of winning that wealth which stands simply as the representative of the good things, the necessaries and the luxuries of life. Others there are who take up medicine from motives largely of philanthropy. It is one of the grandest of human offices to relieve suffering, to cheer the mind depressed through bodily infirmity, to succor from the assaults of disease, and failing in this, to smooth the rugged way to the inevitable tomb. There is no loftier mission, none which more closely assimilates the human with the

divine, and all these come within the sphere of the physician's calling, for he is no mere blind, bald materialist, who sees before him only so much flesh, bone, nerve and blood, which it is for him only to influence with powder and pill and potion. His patient is a living, sentient being, with feelings, passions, hopes, aspirations, fears, and all that is implied in the term soul, all of which are duplicated in the physician's own material and immaterial self. There are yet again others who see in medicine a science, and they seek to find there a field for their scientific bent. Medicine is truly a science, and there is no other distinctive calling which affords so large a scope for the scientifically inclined. Its foundations are laid in what are distinctively known as the exact sciences, anatomy, physiology and chemistry, and in utilizing these to harmonize with the vital forces there is a field to which that science which, it has been said by one of our wits, "yields such wholesale returns of conjecture for such a small investment of facts," furnishes no counterpart. "It is not only," says Sir James Paget, "that the pure science of human life may match with the largest of the natural sciences in the complexity of its subject matter; not only that the living human body is, in both its material and its in-dwelling forces, the most complex thing yet known; but that in our practical duties this most complex thing is presented to us in an almost infinite multiformity. For in practice we are occupied, not with a type and pattern of the human nature, but with all its varieties in all classes of men, of every age and every occupation, in all climates and all social states; we have to study men singly and in multitudes, in poverty and in wealth, in wise and unwise living, in health and in all the varieties of disease; and we have to learn, or at least to try to learn, the results of all those conditions of life while, in successive generations and in the mingling of families, they are heaped together, confused and always changing. In every one of these conditions, man, in mind and body, must be studied by us; and every one of them offers some different problems for inquiry and solution. Wherever our duty or our scientific curiosity, or, in happy combination, both, may lead us, there are the materials and there the opportunities for separate original research."

Thus, you see, medicine is a three-fold mission. There is nothing wrong in regarding it as purely a business and a means of livelihood, for this is an evil which carries with it its own antidote; it must indeed be regarded as such within proper limits, and its philanthropic and scientific features largely determine those limits. The surest way to make medicine a pecuniary success is to make it a scientific, and in a measure at least, a philanthropic success, and indeed to neglect these latter features is to court defeat and failure. There is no avocation of life in which inherent incompetency is so unprofitable, no matter how thoroughly it may be backed up by energy, assurance and cheek, that quality said to be indigenous to this soil, and which so largely offsets ignorance in many other of the callings of men. With the philanthropic features of medicine we shall have little to do during the coming session. These and its business features, in so far as you shall regard them, must be regarded after you shall have received a college diploma certifying to your scientific proficiency. The prominence which they shall occupy after that must be determined by your own predilections; the responsibility of the College will end when it has conferred the degree of the doctorate of medicine. It is presumed that you are all enthusiasts in this cause, and that whether you have entered it as a mere means of livelihood, or as pure philanthropists, you are still possessed of the scientific spirit. Enthusiasm, so essential to success in all the vocations of life, is emphatically necessary in scientific pursuits. Can you imagine a half-hearted scientist? Enthusiasm and whole-heartedness are not only necessary to success in this direction, but it is impossible to even continue in the way without them. This is a calling in which it will be necessary for you to have your ideals in the striving towards which the enthusiastic, scientific spirit must be the motive power. The ideal cannot be too high, and it will not do for any to say he cnnnot attain to it. The faint-hearted are failures from the very beginning. A man may take an honest inventory of what are commonly known as his talents, but he cannot gauge his capabilities. These capabilities are conditioned only on his ability to work. It is a trite saying, but withal a very true one, that genius is but another term for the faculty of application; and with what truth soever a man may lay the fault of a small brain to his immediate progenitors, he cannot shift the responsibility of failure to make the best of that brain. A massive brain is doubtless a thing very much to be desired, and so is a massive body. But unless the body be properly trained, its uselessness bears a very direct relation to its size. The natty, well developed little man is capable of more work and endurance than he of the large body, which he uses chiefly as a frame-work on which he hangs a superfluity of adipose. Within certain limits, and very indefinite limits too (you will pardon the seeming paradox), there is no limit to the development of the mind. The limit of physical development is soon reached, but the mind is boundless in its expansiveness. "The memory may be expanded until it shall embrace the whole encyclopedia of knowledge; the judgment so developed as to resolve with almost infallible precision the tangled web of human perplexities; the reason so strengthened as to move without fatigue through the longest processes of discursive argument; the taste so refined as to seem almost an additional sense to perceive the beautiful and grand; and the imagination shall soar on eagle wing as though to find no resting place but beyond the stars in the bosom of the eternal and infinite. In the combined culture of them all, mind glows with a wondrous intensity of light, and becomes well nigh omnipotent. The true scientific spirit acknowledges no impossibilities; in its bright lexicon as in that of youth there is no such word as fail.

As medical students, therefore, whether it is your aim to become purely mercenary or philanthropic physicians, endeavor to possess yourselves of the scientific spirit, to become steeped in it. And what is this spirit of science, we ask more specifically? Science itself is for our purpose, and indeed the definition need scarcely be amplified for the purpose of any, a knowledge of nature and her laws, and

the adjustment of the environments of those who have, wittingly or unwittingly, transgressed those laws to harmonize with their inevitable workings. Man as an organized being is subject to the laws governing matter; as an animal he is placed in subjection to the laws regulating animal life; as a rational being endowed with a principle which is known, by reason of a lack of a better term, by the name soul, he is under the dominion of what are known as psychological laws. This is man in a state of health, and as physicians, in the more modern sense of the term, you will have to do even with the healthy individual. The more active duties of the profession for which you have commenced the preparatory training, will, however, be in connection with man in a condition of disease. Now disease is not an entity which has taken possession of the individual and made him other than the man. It will pay you in the higher sense of the term as well as in the lower, to make this fact one of the corner stones of the foundation you are about to lay, and on which it is your purpose to erect such a superstructure as will be conditioned as regards its stability and beauty solely on your industry as master workmen. The sick man is the well man disarranged, but possessed of a something which we call the *vis medicatrix naturæ* (also one of nature's law), whose tendency is to restore the equilibrium which has been disturbed. We talk of the laws of disease, but we speak of them using the term merely as a convenience. Properly speaking, there are no laws of disease; the laws are those of health. It has been properly and instructively put that there is no such thing as pathology (the term which, as a convenience, we use as synonymous with the laws of disease.) Pathology is but disturbed physiology, and it is as improper to speak of the laws of health and the laws of disease, as it would be to divide meteorology into a science of good weather and a science of bad weather. Disease, therefore, being merely perverted health, it becomes necessary for him who seeks to treat disease to first be a student of nature, and having learned her ways, should still humbly sit at her feet, and so far from attempting (for all such attempts are doomed to inevitable failure), to place himself in opposition to her, he must act in harmony with her workings. The most he can do (for he does harm when he seeks to do more), is to remove obstructions from her path, and to curb with the bit or urge with the spur. It is a very universal opinion among the laity that the physician cures disease, and inasmuch as you are still but neophytes, it is fair to presume that this is partially, at least, your conception of his office. In the true etymological signification of the word, it *is* the physician's mission to cure disease, but in its accepted sense it is the gravest of errors to regard the physician, or for the physician to regard himself, as a curer of disease. To cure (from the Latin *curare*), means literally to take care of, and it is only derivatively that it has come to mean "to restore to a souud or healthy state." To employ a well worn simile, but one which nevertheless illustrates as no other yet suggested does, the true function of the physician: The patient is the bark afloat on the sea. Health is the gentle breeze, or in some instances, even the fresh wind, for you know life is a very placid thing in some men, the surface not being agitated beyond a ripple, while in others it is something of a rush, and it is their nature to have the sails all unfurled, and to speed along even shipping seas and tempting danger, without actually meeting with a capsize. Disease is the storm, the nor'wester, the gale which comes up, sometimes suddenly striking the craft and opening up its grave in the yeasty deep, at other times gradually arising and gathering fury until the stoutest and best rigged bark succumbs to the force of the waves, and giving out, is broken in twain, and sinks to rise no more. The captain of the craft is the physician. There is comparatively little need of him when all is fair, when the sails are well filled and the gallant brig goes plowing its way through the main. But when the little cloud the size of the man's hand appears on the horizon, it is for him to be on deck, ordering the sails to be reefed, and making such provision against the coming storm as his skill and knowledge of seamanship suggest. We are told that sailors, in order to break the force of the waves, sometimes pour oil on the sea, and the salvation of the vessel has sometimes been attributed to this device. It is, however an expedient not recognized in skilled seamanship, and can never be relied on to the exclusion of a thorough knowledge of the craft and of the laws of the winds. The storm cannot be stilled by mortal means, and the captain who neglects his vessel and devotes himself to efforts at allaying the storm, will have his labor for his pains, and exposes his craft to all the dangers of the stormy deep, running the risk of capsizing, of running on some hidden rock which neglect of his chart left him unprepared for, or of becoming stranded on some rocky shore. The physician may at times pour oil on the troubled water, the art of medicine having placed in his hands various means of restraining the malignancy of disease and of subduing violence of symptoms. But under all circumstances it becomes him to remember that he has a patient to treat rather than a disease to quell,—a patient to "take care of" rather than a disease to "cure." It is possible at times to succeed in curing the disease, but the effort is usually at the expense of the patient. Most diseases are self-limited in their duration, and the skillful physician recognizes these when he sees their symptoms, and he devotes himself not to useless and worse than useless attempts to cut them short, but but to restraining their violence if he may, and steering the patient clear of rocks and shoals, keeping him, as it were, well out at seat until the storm has subsided. Medicine can do little more than to remove obstructions from nature's path to support her when she is faint, to restrain her when she is violent, and to guide her when she is inclined to err.

It will appear from this that disease is a negation instead of a positive entity. It is a deviation from health. The first duty of the medical student is, therefore, to familiarize himself with health, to learn to know it when he sees it. He must learn what is the natural history of health. His next step is to learn what is the natural history of disease. Without this latter knowledge all medication is a blind administering of drugs, for unless he knows what course disease will take when undis-

turbed how shall he know how much of recovery is due to medicine and how much to the inherent tendency of nature to right herself when disturbed? Having learned these two it remains for him to acquaint himself with the effects of drugs on the system, that he may know how to relieve symptoms and to modify diseased processes. Drugs have fixed and unalterable properties and effects, and can be counted on to produce definite results. The question will very naturally suggest itself from this, How is it that medical practice is the uncertain thing that it is? It is possible to learn what health is, to trace and define its laws, and it is also possible, with certain limits, to learn the laws of disease and we have said that drugs have a fixed and definite action, producing in the healthy body certain effects. How is it then that medicine in its practical application is not an exact science? We take the test tube and we mix in it certain chemicals and with a certainty which admits of no shadow of a doubt we predict a certain reaction. How is it that we cannot calculate with the same certainty the effect of a drug in abnormal conditions of the system? Simply because the body, that is the living body, is not a test tube. Medicine is an exact science, that is, it must first be regarded as such by the student, and it has superadded a something which makes it inexact simply because we do not understand what that somethiug is—the life principle—into the nature of which it is not given man, at least as yet, to peer. What is life? is a question which has probably since its dawn in reasoning beings, pressed on them for a solution. The anatomist, however, has not been able to reveal it with his scalpel, nor the chemist to analyze, nor the physiologist to detect it with his microscope. It is the principle which is the disturbing element in the therapeutist's calculations. We can approach only its borderland, but there has been fixed a limit to human peering,—thus far shalt thou go and no farther. Metaphysicians and philosophers have spun their theories as to its nature, but what is it? Whence is it? and whither goes it? are questions which have never been and never will be answered. The materialist calls it the result of organization and the spiritualist says it is the cause of organization, and wholly independent of it, but neither knows anything of which he speaks. Reason is the guide of the one and the other speaks through faith; but reason is very fallible and faith is sometimes blind.

But we must be careful lest we go beyond our depths. 'Tis a pleasant recreation to tread water in the unfathomable ocean, but it is more profitable to labor on the beach seeking after the beautiful pebbles which have been washed up for our gathering. As students you will have to do with demonstrable facts. You will have no time for profitless speculation. Acquire the knowable before striving for what is clearly unknowable, and long before you have thus qualified yourselves for delving into the mysteries the scene of your labors will probably have been changed.

Our great wish, our most ardent desire regarding you, as students in this College is that you become devout worshippers at the shrine of nature. First learn to know her, and then respect her methods in so far as you have learned them. Herein lies your only hope for success in the profession of your choice. If you build on any other foundation than this it will prove to be a foundation of sand. Never try to thwart her. The successes of medicine have, from the very beginning, been proportioned to the successes which have been achieved in detecting Nature's processes (this is science) and in adapting the ars medica to these processes. A knowledge of Nature's methods was, in the beginning, acquired through simple observation. Observation is still the only means of acquiring this knowledge, and the high priests in this temple are those who observe the best; thus it always has been and thus it always will be. Those who have reached out beyond the known have ever been and must ever be those who proclaim the sovereignty of experience and the omnipotence of facts. But it is necessary to know the known as a basis for research and further observation. That will be your mission here—to become possessed of what has by your predecessors been demonstrated to be facts. Little attention will be paid to theories. Bear ever before you the two axioms: (1) The absolute constancy of the laws which regulate life. (2) The strict subordination of phenomena to certain conditions which have been determined. And in addition to these adopt as your mottoes Bichat's phrase: "What is observation if we do not know where the evil is," and the saying of Celsus: "How shall we treat a diseased organ if we do not know where the evil is." On these hang all success in medicine. Avoid dogmatism. It is unscientific. It is the mildew of medicine. Leave your minds ever open for impressions; this you cannot do if you become dogmatists, for dogma narrows, and contracts and hardens.

A few words in relation to the manner in which you should study. Advice on this point may seem superfluous to some of you who have been students all your lives, but it may not be out of place for others. Bear in mind the fact that it is not what is ingested but what is digested, appropriated and assimilated that gives size and strength and symmetry. In scanning the mass which is before you you are seized with the laudable ambition to take it all in, and as spedily as possible, and you may gorge yourselves. He who does this at the table soon pays the penalty in indigestion and dyspepsia. There are some struthious individuals whose digestion equals the reputed powers of the ostrich in this regard, but they are remarkable as exceptions to the general rule. The healthy man physically and mentally is he who adjusts the amount of his pabulum to his powers of digestion, and assimilation, never making undue draughts on his reserve. Drafts on this reserve may for a time be honored, but they are ever made at the risk of exhaustion. What is true of the physical man is largely true of the mental man. It will be simply impossible for you to take in the whole science of medicine in the time devoted to study at College. Do not attempt it. We do not aim to turn you out perfected physicians, neither does our diploma or the conferring on you the degree of the doctorate imply anything of the kind. The most we hope to do is to prepare you for study and observation. It will be many years after you leave these walls before you become perfected physicians. It will

be our aim to ground you in the essentials, to assist you in laying the foundation. You will find it profitable, therefore, to confine yourselves to acquiring only such information as we shall select for you from the great mass. Be content with such rations as we shall place before you, and do not reach out for more. Take what we shall give you and thoroughly digest it. Convert yourselves into ruminants. After swallowing what we shall hand out to you in the form of lectures, go to your several rooms, and either in the quiet of your chambers or segregated with your class mates regurgitate and masticate it anew. Do not attempt to get ahead of the lectures by reading up subjects which have not been lectured on. It is well to read up each evening the subjects discussed during the day, but do not read too much, and by all means do not get into the habit of poring over a book. It is very easy for one to deceive himself into the belief that looking into a book, and even articulating its words is studying it. Pray you avoid it. But while it is well even to read in very truth, it is better to meditate and to read only to recall whatsoever of the lecture may have escaped the memory. Better than reading is ruminating, and to this end it is well to take notes of lectures; not full notes by any means, nothing by way of an attempt to take down all that is being said, for then you run the risk of missing much. Let your notes be mere headings, and use them but to keep the mind in the proper groove of meditation. Joint discussions on the day's lectures by three or four who meet regularly each evening for this purpose is also a method to be strongly commended. This advice is somewhat elementary, and may be uncalled for, but it is given as the result of an experience in these matters, and you may find it valuable in the absence of a better method.

You have entered upon the study of medicine in an era of skepticism on the question of value of medication in disease. Among the skeptics are some who stand high in the councils of medicine, men who have left their mark on the literature of the age, men of real worth and of much influence. Skeptics are of two kinds, one whose scepticism is born of knowledge, and one whose scepticism is the child of ignorance,—the former, (there are few of his kind) is the honest doubter, to be honored and respected; the latter (his name is legion) the narrow, wilful, lazy, conceited individual, whom it is difficult to treat with common civility. This division of skeptics holds good in medicine as it does in religion. The skepticism which is most rampant in these days is of the kind which the late Maurice Raynaud referred to as that which flatters two of the deepest and not most honorable of the instincts of our nature, idleness and vanity: idleness by dispensing with the need of seeking for truth which always requires an effort to be discovered, and which, like the Kingdom of God, suffers violence; vanity, by setting us up to criticize, to reckon the labors of others at a cheap rate, and to take to ourselves the gentle persuasion that we see through the common prejudices. There is something of that at the bottom of all skepticism. But God forbid that I should say there is only that. There is also for a great number of the most conscientious and reflective minds the inevitable discouragement caused by the clashing of contradictory opinions, the difficulty of arriving at one's own conviction, the uncertainty of therapeutic results. Why should we wonder, then at finding so many medical men among skeptics? Is it not in medicine above all, that phenomena, the most complicated and most difficult to study, present themselves under quite different aspects, though they are the same in reality? Is it not most difficult in medicine to lay down fixed and invariable rules which are not encumbered by numerous exceptions? Is it not this that has given rise to that multitude of systems which clash with combat and destroy one another, and whose incessant decay reminds one of Bossuet's famous remark on the the noise that empires make on falling on one another. In view of such a spectacle it does indeed require much strength of mind not to bewail the vanity of the conceptions of the human mind, and to prevent one from yielding to the temptation to include them all in the same contempt. It is particularly when we have lived much in the past, when we have stirred up the dust of the libraries, and looking on that mountain of books and manuscripts, the accumulation of centuries, that we think of the smallness of the result, of the little already known, of all there is yet to learn; it is then above all that we experience that satiety, even disgust of books; and we understand Sydenham's conceit, when, in reply to one of his friends who asked him which was the best book to read, he said, "read Don Quixote." But Sydenham was not a skeptic; the book which he well knew how to read was the book of Nature."

The therapeutic skeptics belong very largely to the second class in our division. The most successful physicians of all times have been careful students of the materia medica, and in the list of the more prominent practitioners of to-day will be found those whose faith is great in the humanity, so to speak, of nature, believing that for every ill she has provided a remedy, and that medicine is not to be held responsible for man's ignorance. Let it not be argued that the longer the physician practices the fewer are his drugs. Age is by no means a criterion of worth, and it will usually be found that loss of faith in drugs is not more rapid than the rust which corrodes the anatomy, the physiology, the chemistry and the other essential and exact sciences on which medicine is reared. Show me the therapeutic skeptic and in ninety-nine cases out of a hundred I will show you a vain man, and one ignorant of the demonstrable divisions of medicine. Ignorance in these must needs beget therapeutic skepticism, and it seldom has any other sire.

[Written for the Therapeutic Gazette.]

Antagonisms Between Pharmacy and Medical Practice.

By Geo. B. H. Swayze, M. D., of Philadelphia.

THIS is no idle conundrum. If controlled by banditti, the best of roads to Jericho must prove dangerous and damaging to the traveler. Inasmuch as pharmacy, therapeutics and medical treatment are inseparable factors of the science of medicine, it is self-evident that any antagonism

between them would prove as damaging to all concerned as would antagonism between the means and the end—between the purpose and the accomplishment—between the mission and the ministry.

Pharmacy being a fundamental branch of the Healing Art, the relations of therapeutics to medical practice are innate, and therefore cannot be consistently neglected by the daily practitioner, nor safely relegated to an independent line of business policy, unless a high and sound order of ethical principles and interprofessional spirit can be attained and maintained for the regulation and protection of professional prerogatives and public welfare.

"There is honor among thieves" may have grown grey and thread-bare as an adage; but if one were to judge of doctors and druggists by the cutting aspersions they sometimes indulge regarding each other, the quotation does not apply with flattering exactness to either class of professionals. The hyperæsthesia of business competition, and too often of a baser rivalry, has fired many a demoralizing volley among the home rank and file that should harmoniously and victoriously march shoulder to shoulder in sustaining the effectiveness, honor and success of a great and humane profession.

Granting pharmacists full credit for all the real advancement they have made in the pharmacy of late years, nevertheless, it must not be forgotten that the pharmacy of to-day had its foundation and derived its more valuable superstructure from the therapeutic perceptions and deductions of medical minds. And, to be impartial, a considerable ratio of the irregularities and misuses of modern pharmacy have also had their foundation in and derived their superstructure from the inconsiderateness of practicing physicians.

It must be apparent, however, that if, as a supplemental branch of regular medical practice, pharmacy were to allow medical inadvertencies to develope into exaggerations of license and encroachments on the part of the pharmacist against the natural professional prerogatives of general medical practice, the attitude of pharmacy towards her mother-profession then becomes inconsistent, arrogant, unsatisfactory. Each and both, having always the public welfare at heart as the ultimate object of their mission, if confidence in the mutuality of interests or co-operation of physician and pharmacist be impaired, this dissatisfaction must naturally and rapidly grow into distrust and antagonism gravely detrimental to the real progress of all concerned.

If pharmacy would prove faithful to its mission; if its practice would respond to its scientific and professional claims; if it would maintain a position higher than a mere medium for trade advantages; then pharmacy must maintain loyalty to the province and interests of the mission of legitimate medical practice. Or in other words, pharmacy being a branch of medicine, it is as obligatory on pharmacy to guard all the interests of medicine from prejudicial, undermining, demoralizing agencies, as it is the duty of medicine to defend its own honor and sanctity. Pharmaceutical manufacturers and pharmacists advance the interests of pharmacy and therapeutics exactly in proportion as they regard the province of regular medical practice. Disloyalty of the hand to the head, dismemberment of the branch from the vine, division of the house against itself, disregard of the fundamental relations of pharmacy to medicine, necessarily impairs the vitality and subsidizes the usefulness of both.

It is true that in all professions and callings there are those who entertain high conceptions of their avocation, and there are those who entertain low conceptions. Each is disposed to qualify his course of action with the policy that springs from his ethical and business or professional instincts. As the force of gravitation opposes any ascent from the miasm of a morass to the healthful beauty and scope of the hills that lean heavenward, so does the proneness of the higher to descend to the plane of the lower out-measure the aspirations of the lower to rise to the plane of the higher. One evident reason why some physicians and pharmacists, and even pharmaceutical manufacturers, have inferior comprehensions of their calling and will sometimes deign to prostitute it to dickering machinations of grasping greed and undermining rivalries, is because their business training has been especially defective in the ethics of professional and inter-professional relations. Such naturally look earthwards because they have never been effectively taught to do better. They indulge in professional error blindly, because the demerits of business deflections have never been presented to their consideration in a strong practical light by their preceptors or educators. They have not comprehended the superiorities of a high-toned, elevating code of action, that respects the claims of right for right's sake, as compared with the guerrilla dictum of "every fellow for himself and the devil for us all." What then is the contingency? Are the better class, who strive to keep clean hands, to sustain each other in such issue? Are physicians who believe in and toil for the elevation, usefulness and prestige of an educated, conservative medical practice to stand firm, and resolutely endeavor to draw others upward to the same level? Are they to labor valorously against heavy odds for the integrity of pharmacy as an inseparable branch of medical science? Are they to be scowled down for contending for the substantial, practical applications of the logic and spirit of a worthy code, instead of idly mincing over the air bubbles of ethical sentiment? What shall be the attitude of preceptors? Of medical and therapeutical teachers in a matter of such vital concern to the results of their work? What position will be taken by medical journals that claim to be and assuredly should be powerful conservators of medical interests, ready champions of medical progress, vigilant promoters of professional tenets? What says each one for himself? Shall the higher gravitate to the level of the lower? or the lower to as large extent as possible be drawn up to the higher standard?

It has repeatedly been shown that in proportion as patent, trade-mark and other proprietary (quack) medicine business is aided or encouraged by physicians and pharmacists, to that proportion do the latter lend themselves to the subversion of regular pharmacy and medical practice—to that extent are they made abettors of bold enterprises that studiously aim to fatten and enrich themselves haphazard on the cream of human infirmities, by substituting advertising appliances and profitable

humbuggery for intelligent medical treatment of the general public. In reviewing the situation, what physician or which druggist is prepared to recognize himself in this truthful presentment that a careful scrutiny of the case makes for itself? What physician or what pharmacist voluntarily consents to see the legitimate province of his profession thus "swamped" by the business acuteness of a conscienceless but wide-a-wake panaceary?

The antagonism here indicated is not between man and man, but between principles of business. It is not a personal issue between Jones and Brown, but between loyalty and disloyalty to professional function—between encouragement and non-support of professional qualification—between the defence and the desertion of the legitimate claims of medical and pharmaceutical science.

When strictures are directed against palpable evils—evils that have imperceptibly crept into the prescribing practices of many physicians—evils that have stealthily barnacled pharmacy until the latter has become not only an aggregation of every species of Universal Cure All, but also is made to serve as the commission depot or trade exchange for ready-made "cut and dried" pharmaceutical panaceary in general, it is a grave mistake for physicians to palliate existing errors, or for pharmacists to indignantly fly into resenting attitude under the presumption that they are individually criticised or their private business made a matter of interference. There are higher stakes to be aimed for by each. "We pharmacists keep open shops!" exclaimed an intelligent member of the craft, in a manner that conveyed to the writer the impression that it was the policy of druggists to sell whatever customers called for, if there was no legislative enactment against it even though harm might be the consequence; nevertheless I believe a moment's consideration convinced this gentleman that even the interests of pharmacy were hazarded by the sweep of unlimited license in selling; and, too, a moment's reflection must convince many physicians that the interests of the medical profession are seriously hazarded when physicians consent to prescribe and promote the general use of every proprietary pharmaceutical candidate armed and helmetted with trade-mark and copyright exclusiveness that forces itself into their presence—while the immense resources of the open materia medica are always at hand to meet every indication of disease.

If pharmacy be the handmaid of medical practice, does it not behoove the profession whom she vouches to aid, to give an earnest care as to whether pharmacy be the true daughter of therapeutics, or whether she is serving a miscellaneous concubinage with every upstart nostrum and flattering empiricism that daily insinuate themselves between the intelligent prescriber and compounder and the unprotected public? If, as a Philadelphia druggist lately argued to the writer, in opposition to the professional protection claimed against the encroachments of patent and parallel compounds—if the business of the pharmacist is merely that of "a trader on a parallel plane, but of a higher level than the clothier, who, to his ready made clothing department adds the cutting and fitting of custom work" (prescription business) "and, as a trader seeking success, he must conform to the laws of trade, must make a suitable display of his goods" (meaning patent medicines, etc., (then does it not properly concern the medical profession whether the pharmaceutical branch of medicine is not being overshadowed and disparaged by proprietary monopolies?

If this inferior and unscientific view of the sphere of the pharmacist prevail, it must be apparent to the medical profession that pharmacy is affording an unfilial protection to the mother profession of medicine, in consequence of the encroachments of specialty speculation. In the attitude of a mere trader, the pharmacist assumes the anomalous position of representing conflicting interests—patent medicine and allied ostentation on one hand, and the modest province of regular medical treatment on the other. Few servants there be who can serve two masters with fidelity at the same time. With truant pharmacy yielding her affections and affording all desired advantages to the nostrum advertisers and pharmaceutical specialists, the true functions of physician and pharmacist must correspondingly shrink, their usefulness and success dwarf, while the misguided public is being continually over-drugged by its blind self-dosing.

But the retail pharmacist and the unthoughtful doctor are not alone to be charged with this misdirection. For while it has been an oversight for pharmacy to yield to the inducements of ready-compounded "trade" against pharmaceutical home-protection,—and while these trade instincts are too often promoted by unguarded prescribers who blandly stoop to the same fascinations, and thus they play fast and loose with proprietary specialties at the sacrifice of professional function, nevertheless, these evils must be followed to their source. We must recognize in the patent and copyright medicine manufacturer the projector and pusher of of the tremendous panacea subsidies, by which both the medical and pharmaceutical provinces are inevitably shorn. The large capital such manufacturers can employ without ethical restrictions is the fuel that makes the steam of success, through the fictitious and exaggerated demand that garrulous puffery can always create.

Although there is no legislative statute to curb the unwarranted pretensions of quackery in its varied forms, that is not a reason why either physician or pharmacist should lose sight of the fundamental interests of the profession of medicine—it is not a reason why medical and pharmaceutical co-operation should not valorously refuse to permit the silver heel of money-shod quackery to trample the great and humane province of regular medicine into the dust. If physicians and pharmacists cannot thus co-operate for the establishment of needed mutual reform, then it behooves the medical profession to take the pharmacy of therapeutics back to its immediate gurdianship, ascertain which pharmaceutical manufacturers do a straight forward pharmaceutical business—manufacturers whose faith in the pharmaceutical fairness and value of their preparations of the materia medica is sufficient warrant for business success without resorting to the exclusive monopoly of patent and copyright defence against honest competition—give such manufacturers the heartiest support of direct patronage—join earnest hands with those who respect and sustain the salutary claims

of ethics and science in their business principles and relations, and thus assert the ability of the professional sense to grapple even the most audacious evil by the horns. This is the right and high pivilege of the medical profession whenever pharmacy is otherwise unable to keep above the foaming surf of quack and proprietary specialties—and now is the time to exercise these vested endowments. Vigilant, elevated professional sentiment and emancipated medical practice must constitute incomputable potencies, that need waver before no foe to the right, nor for a moment despair of the victory of a great and good cause.

[Written for the Therapeutic Gazette.]

Therapeutic Notes.

By Ephriam Cutter, M. D., New York, (late of Boston.)

OINTMENT of the sulphate of quinine.

℞ Sulphate of quinine, ʒss.
Vaseline, ʒss.
M.

Last October the writer injured the fore finger of his right hand, and was infected with an animal poison from a patient; site the middle of the third phalanx. After the period of incubation, the finger and hand swelled, inflamed, reddened, blackened, hand puffed up; pain intense, like a burn all the time, not only in the finger but especially in a line about the wrist. . Poultices of different kinds were used, rather heroic surgery was employed as the constitutional symptoms were grave. All this is not worth the relation only to introduce the subject of this note. The writer is peculiarly unsusceptible to the influence of opium and its alkaloids, chloral and bromides. Some of these were used locally on the hand, but the idea occurred that here was a sort of erysipelatous inflammation. Believing that this is due to cryptogamic growth in the blood as shown years ago by Salisbury, and also having used an ointment of quinine in times past for this disease, the above ointment was compounded and freely applied to the sore and hand. It acted like a charm; from that moment the pain was rendered so bearable as not to be much noticed, and in due time the artificial wound healed, and and at present the finger is quite restored. One swallow does not make a spring, but Dr. Harriman, my associate, has lately been through with a like but not so severe an experience, and the use of the sulphate of quinine ointment relieved him in a like manner.

There is no doubt that this drug kills parasitic vegetations, as seen in its wonderful effects when used on the Salisbury plan in diphtheria, to wit: one grain of the salt sprinkled on the tongue every hour till the constitutional effects are shown by the head symptoms. So in erysipelas, taking the idea from a writer whom I am sorry to have forgotten, I have known it to arrest this disease when in the head, in a case where it occurred annually. By a free use internally the annual habit was broken up. So far as the experience goes in the present case it was decided and prompt, and as I have not seen any allusion to this mode of employment in medical history, I venture to send it as a contribution in which I have a subjective interest of the most pleasant and satisfactory kind, hoping that some one else may find like use of this old and tried remedy in a new guise.

2. *Liquor Ferri Persulphatis, U. S. P., as a Throat Application.*—When in California, in 1871, I found that my classmate, Dr. G. L. Simmons, of Sacramento, was using this in connection with an equal part of glycerine as an application for the upper air passages in place of the nitrate of silver. The doctor's report was so satisfactory that I at once employed it, and have continued to do so, now it takes the precedence with me as a throat application. Often it will relieve pain at once, and generally is very soothing as a topical application. By its means I have removed adenoid hypertrophy at the vault of the pharynx behind the posterior nares. One case of this was very marked in a young man whose cerebration had been so much interfered with that he could not pursue his educational studies; he was confused in his intellect so that he could not perform arithmetical problems. This was from no lack of natural ability or indisposition to use his powers, as after the hypertrophied glandular growths were removed by the persulphate of iron and glycerine, applied twice a week constantly and perseveringly for the space of one year, he resumed his studies, and afterwards went into business. It seemed to the writer that this was an important illustration of the cloud under which some must labor in their cerebral functions from the reflex influence of hypertrophy and diseased conditions in the pharynx. Since then I have noticed cases where the eyes were weakened, and restored by removing the hypertrophies with the iron. For hypertrophies of the nasal tract Dr. Simmons used to soak lint with the preparation, introduce it into the nostril and bring it out through the mouth from behind the soft palate. He said he got the best results in this way. This leads to the remark that the persulphate agrees well with the human body tissues, and does not harm even if applied en-masse, a thing which can not be said of all throat applications.

In proof of this the late Dr. Amasa D. Bacon, of Sharon, told the following story: "Some years ago a man was grinding a scythe near a mill in Sharon, Mass. By some mishap the scythe was caught by the stone and thrown against the right side of the man's neck cutting a gash from the ear downwards large enough to lay in the whole of a man's hand. A bystander had the presence of mind to close up the wound and compress it with a pair of old overalls that were hard by. In this condition Dr. B. found his patient. On laying the wound open immediately blood gushed from the jugular and other veins. The surface was covered with tannin. It was compressed, but it was found it did not restrain the flow when the compress was removed. Dr. Bacon then applied the liquor ferri persulphatis in full pharmaoopœia strength. Replaced the flap and resumed the compress. This arrested the hemorrhage. In an hour's time the flap was stitched and the case made a perfect recovery without a single bad symptom. From this severe test it would seem to

be an agent that can be used without stint and fear of doing harm in the throat. In our opinion it is one of rhe most valuable therapeutic applications in the diseases of the throat, far ahead of nitrate of silver. It is used without stint in the Salisbury plans in consumption with an atomizer to restrain hæmorrhage from the lungs. The writer uses it as a gargle, for there are cases that need gargles, that is, when by laryngoscopy it has been determined that the throat affection is located in the middle pharynx, the part that a gargle reaches. In such cases one teaspoonful of the liquor ferri persulphatis and glycerine, equal parts to one pint of water is often taken with great benefit once an hour. It should be remembered that the weak solution must be often applied to do good. Sometimes cases are met with where the dilatation of the capillaries has existed so long that the capillaries will not respond to the stimulus of the iron. In that case scarification may be resorted to with benefit. They collapse by the emptying of the contained blood and the entire relaxation of the capillaries restores their contractility and then comes the time for the iron. Sometimes a throat is met with that cannot bear the iron. In these so much distress is left behind that one suspects a hyperæsthetic condition. Here comes in

3. *Iodoform as an application to t'e throat.*—This wonderful, prompt and delightful sedative and anodyne drug is one of the greatest boons that chemistry has conferred on medicine. It is 95 per cent. iodine insoluble in alcohol and water. Hence ethereal and chloroformic tinctures are employed in saturated solutions—notably by the distinguished father of American laryngology—Dr. Elsberg, of New York, as a most complete throat and nasal application. The writer's experience confirms that of Dr. Elsberg. This also is a remedy that can do no harm in quantity. It is used in drachm doses in irritable ulcers of the leg and of the os uteri. The effect of the evaporation of the ether and chloroform is not so pleasant at first, but it soon passes off and a delightful sense of soothing and relief is generally experienced.

There has been a great deal of study by the gentleman named to get another menstruum for the iodoform, but with no avail. A very wide use is predicted in the future for the ethereal and chloroformic tinctures of iodoform as a throat application. It can be passed into the trachea through the glottis into the nose and behind the soft palate. The odor of iodoform to some is worse than that of tobacco. But as the odor of tobacco is no bar to its universal use so it is predicted that the odor of iodoform will be no bar to its general use in throat affections. If the odor is perceived, so long as it is known to be a throat application society does not object. The case is much different when iodoform makes known its presence after an application to the uterus. There is, however, a mode of perfectly obviating this as proved by the writer, but by the use of gelatine capsules and absorbent cotton. This has seemed so important a matter that it has formed the subject of a paper by itself, which may be submitted on some future occasion.

246 West 44th Street, Sept. 14th, 1881.

[Written for the Therapeutic Gazette.]

Convallariæ Majalis Flores.

By Ralph D'Ary, M. D., Romeo, Mich.

THE Russian country folks, like the Indians of this country, are a very primitive people, and being almost beyond the reach of civilization and the medical advantages it offers, they have learnt to help themselves in cases of emergency. But whilst everybody is more or less of a herbalist or nurse, each village generally has its *znaharka* or wise-woman, who occupies about the same position as the Indian medicine-man.

While on a summer tour through Russia—my native country—some years ago, I took especial pains to obtain information concerning their methods and means of treating disease. As may be expected, it was difficult to gain the confidence and good-will of the jealous and suspicious women, but whenever successful in that respect—with the aid of alcohol and flaming dress-goods—a very curious insight into popular medicine and pharmacy was afforded me. The revelations in the majority of cases consisted of unmitigated trash, but here and there I obtained ideas, hints, and positive knowledge, which were well worth retaining. Among the latter I class what I learned of the uses of that beautiful fragrant little wild-flower, the lily-of-the-valley, (convallaria majalis.) I pass over the uses made of the root or leaves since they are recorded in almost every dispensatory (the Eclectic one, of this country, alone excepted strange to say), and since their properties are not of a nature to make those parts of the plant a desirable remedy. The fragrant flower, however, deserves the closest study of the therapeutist. My attention was first called to it by witnessing the relief derived from it by an old man in the last stages of chronic dropsy. He used it as a diuretic and tonic of the heart, and it seemed to be so very efficient that I made his case an object of special observation, he willingly lending himself to my experiments. Since that time I have used a tincture in my practice, and have cautiously experimented with it, but, not being aware that the plant had ever been brought before the profession, and that physiological experiments had been made with it, I thought it premature to call attention to it until I should be able to give more than clinical observation to the medical press. Circumstances, however, have prevented me from making any systematic physiological experiments, and even at this day I should hesitate about submitting the present article to the medical world, if I had not found since that the ground had been fully prepared by the experiments of Walz, Marmé, and others (see N. Y. Med. Jour., Nov., 1867, and Schmidt's Jahrbuch, 1867, vol. 166), and especially those of Drs. Bogoyavlenski and Troitsky, of St. Petersburgh, whose articles on the subject, in translation, I have furnished to the editors of the THERAPEUTIC GAZETTE. They have evidently experimented clinically with reference only to heart disease and consequent dropsy, and give their results in so clear and precise a manner that it would be useless repetition were I to dwell on these points, especially as my experience is almost identical with theirs. I will only add that

I have used the remedy somewhat indiscriminately in every variety of heart disease coming under my hands, both functional and organic, with a view of testing its efficiency in the various forms of these affections, and nearly in every instance with most gratifying results. In fact I have not been able to determine any special indications (or contra-indications) for its use—its effect seemed so uniformly beneficial. It certainly had not the least direct restorative value, in my hands, in organic disease; not any more than cactus grandiflorus, for which such claims have lately been set up by some enthusiastic practitioners, mostly of the homœopathic persuasion. But although convallaria is unable to alter the organic *status præsens*, it enables the patient to make the best of it, by compelling nature to put her best foot foremost. It is pre-eminently a regulator of nervous function, adapting the latter to existing conditions in such a manner as to compensate to the utmost possibility for the existing organic lesion. The sympathetic nervous system seems especially to be under its control, though it is by no means devoid of a powerful influence on the cerebro-spinal system. This circumstance accounts for its almost universal adaptability, in varying doses, to every variety of heart disease. In small doses it is a stimulant to the heart, increasing the frequency of its beats; in larger doses it is a tonic, and sedative, lessening the frequency, but increasing the energy and regularity of the contractions. In overdoses it is a swift destroyer of life, thoroughly paralyzing the heart. Over digitalis it has a most important advantage in the absence of a cumulative effect, at least so far as personal observations allow me to judge. On the other hand I have noticed that some patients seem from idiosyncrasy unable to endure it even in small doses. Wherever these unpleasant effects—manifested by dyspnœa, faintness, pain at the heart, etc.,—become manifest alcoholic liquors seem to me the promptest antidote. I would therefore strongly advise, in every new case to begin with minimum doses and gradually increase until the desired effect is obtained, which generally takes place very promptly. It is an excellent nervine sedative tonic, especially where the patient suffers from the consequences of excessive reflex irritability or "nervousness." Thus I have found it useful in certain conditions of insomnia, hysteria, the restlessness of fevers, infantile nervous disorders caused by the irritation of dentition, etc. In tic-douloureux and neuralgia in general it has sometimes acted with great promptness. It is not a narcotic or anodyne simply, and therefore does not merely lull the pain by stupifying the patient's sensibility, but seems to act as a direct nerve tonic and sedative, restoring the equilibrium of nervous function. You will see, therefore, that it opens up a wide field for further careful investigation. In using it the practitioner should always bear in mind that in this connection the old adage may well be reversed, and should be remembered as *magis remedium, magis venenum*. But though it requires care in its employment, I believe the convallaria to be a safer remedy than digitalis, in its cardiac sphere, especially in desperate cases where large doses are imperative. What practitioner of any experience has not found himself once in a while in responsible position where he had to choose between he almost certain death of his patient or another, and yet another heroic dose of digitalis, and yet had no means of ascertaining whether the preceding dose had finally expended their effect, or were only awaiting the reinforcement of another dose in order, with combined power, to extinguish the last remnant of cardiac life? How often is the last dose of the potent but treacherous remedy but the messenger of death! Herein lies the special value of convallaria—once its effect is expended apparently, it is so in reality, and another dose may be safely administered. Such is my experience, but as the point is one of so much importance, more than one or two men's observations should be recorded before it should be accepted as a finally determined fact.

In giving the above to the press I trust that the profession will sufficiently appreciate this promising,—nay, even now important—remedy, to induce them to carefully experiment with it and make known the results.

[Written for the Therapeutic Gazette.]

Cascara Sagrada as a Remedy in Constipation.

By I. A. Moody, M. D., Junction City, O.

THE broad and universal grounds which we, as practitioners of medicine, occupy, stimulates us to push our researches in every direction, in order to extend our area of therapeutical knowledge. In no way can our efforts be spent to better advantage, than in that of trying to enlarge our list of efficient remedies. It is our privilege and duty to use all means, whether physical or moral, which the indications of science or the test of experience point out as the most successful in the removal of disease. Of the physical means, we, as regular physicians, have the privilege of selecting anything which the material world affords. We may use a substance of any form, whether fluid or solid, or from whatever kingdom of nature it may be derived, whether animal, vegetable, or mineral.

The article that I have selected, and concerning which I propose to make a few suggestions, is cascara sagrada, the new and valuable remedy for habitual constipation. This remedy, which has been brought prominently before the profession by Parke, Davis & Co., of Detroit, Mich., and its remedial properties tested by several eminent physicians of the west, has not received the attention which its merits deserve. The use to which I think it is especially adapted is as an aperient, or in larger doses, cathartic, not interfering with digestion, in habitual constipation and its resultant evils. The numerous symptoms of abdominal congestion which are frequently produced, or at least maintained, by constipation, and the after effects on individual organs—liver, spleen, stomach, etc.—are found by experience to be not infrequently remarkably improved when the constipation is removed, but entirely cured. For this purpose the cascara sagrada is found to be an invaluable remedy.

In a country like ours, where perhaps three-fourths of all the diseases which we are called upon to treat, are derived, either directly or

indirectly, from a morbid condition of the liver, it would be well to pay the strictest attention to every remedial agent which may, in the least, promise to be serviceable in those cases depending upon torpidity of the liver and habitual constipation. I do not expect that the cascara sagrada would meet successfully many of the symptoms growing out of the retention of biliary matter in the circulation; but that it will remove that distressing condition of system caused by habitual constipation, to my mind will scarcely admit of doubt. As to its mode of operation, I do not think it acts directly on the liver, as mercurials, podophyllin and some others do, but by its acting as a healthy stimulus upon the mucous membrane of the duodenum, thus exciting the liver to increased action through the medium of its excretory duct. Other theories might be advanced concerning its mode of action, but the limits of this paper will not permit. Not wishing to occupy too much space in your valuable journal, I will conclude my remarks by reporting a case, in which I used the cascara sagrada with most satisfactory results:

Mrs. C., æt. about 50 years, light complexion, medium height, and a resident of our village, has been for years a constant sufferer from constipation of the bowels, to such an extent as to be under the necessity of taking physic every few days. The bowels would remain without motion for a whole week, unless a purgative was used, in which instance an unusually large dose was required. All the cathartics were tried that seemed to promise any good in removing the costiveness. She would use one article until the system lost its susceptibility of being acted upon by it, and then she would resort to another with the same result. Thus she continued until she applied to me for treatment February 10th, at which time I commenced the use of cascara sagrada. On the day she took the first dose, she had had no operation for three days. In the afternoon of that day she took a teaspoonful of fluid extract cascara sagrada, and repeated it in four hours. The last dose was followed in a short time by a free evacuation of the bowels, to the great joy and satisfaction of the patient. She continued to take a teaspoonful night and morning, until the most complete regularity of the bowels was established. The pain of stomach and bowels entirely subsided, and her general health is much improved. She is of the opinion that the cascara sagrada is almost a specific in habitual constipation, and she keeps a supply of it in the house to use as occasion requires. This is one of several cases of the kind, in which I have used this remedy with the most satisfactory results. I will close this paper by merely expressing my ardent wish that members of the profession will not forbear making a test of the merits of this drug.

[Written for the Therapeutic Gazette.]

Cholera Infantum.

By T. R. Hall, M. D., Harvard, Nebraska.

OF all the diseases which the practitioner meets during the heated term, extending through July, August, and September, I apprehend there is not one which so taxes the discriminating genius and the skill of the family doctor as that known by the technical name given above. In 'cholera infantum' we have a disease almost specific in character—but not always bearing the same symptoms in minutiæ, a disease attacking the little darlings of the household, presenting the bane of indigestion in its worst form, and usually appearing during the anxious period of dentition, and the hot summer months. The more I see of this disease the more I am convinced of the fact that we, as medical practitioners, are apt to overdo in the way of medication, and not to do enough in the way of common sense advice. The laity are usually ignorant both of the science of physiology and the principles of hygiene, and they look to the medical adviser for direction in these matters. My own experience of late years has taught me the value of a careful diagnosis as to the immediate cause of irritation and to direct my treatment chiefly to its removal. The gum lancet has often been brought into use with instantaneous relief, but unless the tooth is near the surface the relief will be temporary only, and a mild anodyne would be better. When the lancet is used the incision should always be freely made and in a circular manner, extending to the crown of the tooth. The failure of the lancet to give immediate relief is owing either to its premature use, or the timidity of the operator. If the irritation comes principally from the stomach or bowels, a mild aperient of hydrarg. cum creta is indicated. We cannot pay too much attention to the character and quality of food. Often they will reject the mother's milk, and little wonder, for in these cases she has probably been over-heated, and worried with loss of sleep and anxiety, and her milk is not fit for a healthy child, and much less her sick babe. In such a case the child should not be put to the breast, but be fed in small quantities and at regular periods. Good fresh cream, well reduced with water, sweetened a little and with a pinch of salt; will usually agree with the little patient, and soon be relished. Arrowroot is also one of the few kinds of food which has not failed me. Let us not neglect the important considerations of light flannel next to the body of the infant, and exercise in the open air in the arms of the nurse or in the cab, for these are considerations of the greatest importance.

The medication which I have learned to prescribe with the nearest approach to confidence is as follows:

℞ Pepsine, ʒ ij.
Bismuth. sub nit., ʒ ij.
Tinct. opii, gtt. xvj.
Syr. zingiberis, ʒ j.
Aq. menth. pip., ʒ j.

M. Sig.—One-half to one teaspoonful every three to four hours with food—according to the age of the patient, and the frequency of the operations. This will be found to agree with the little patient, but is rather strong of opium to give an infant without reducing still more, or giving at greater intervals. When the discharge is attended with griping or tenesmus is present, an injection, per rectum, of starch-water is attended with beneficial results, and should be repeated—two or three times at intervals of six to twelve hours.

I have the utmost confidence in lime-water as a neutralizing agent in the stomach, and invariably

use it freely when there is evidence of fermentation. The above course of treatment I have followed for the last five years, and with much satisfaction, as the mortality in my own practice has been very much reduced by it. I attribute the recovery of my little patients to two causes, 1st to the medicine given, and 2nd to the medicine *not* given.

[Written for the Therapeutic Gazette.]

Ergot in the Paralyses of Lead Poisoning.

By J. A. Stites, M. D., Physician and Surgeon to the Nye County Hospital, Belmont, Nevada.

IN this state of Nevada it may be safely estimated that fifty per cent. of the physician's practice consists of cases of lead poisoning, the symptoms being in most instances well marked, while in the remainder they are more or less masked. Of the remaining fifty per cent. of practice, the bulk is furnished by accidents and syphilis. The occupation of the male population is mining in silver ore, which is largely associated with lead. Wrist drop is a very frequent symptom, and paralysis of other forms, even hemiplegia and paraplegia, is not an infrequent complication. In the milder manifestations of these symptoms, a cathartic of sulphate of magnesia followed by iodide of potassium, usually removes them in a few days, enabling the sufferer to resume his work. The habits of the miner render him peculiarly susceptible to attack, and I have found that when he abstains from alcoholic stimulants, keeps his bowels open, and preserves his appetite by proper living, he is much less apt to suffer from lead poisoning.

In hemiplegia and paraplegia due to lead poisoning, I have found ergot in combination with iodide of potassium and nux vomica to expedite recovery. I have tested its efficacy by comparison in the hospital with which I am connected, adopting three varieties of treatment: (1) iodide of potassium alone; (2) electricity with tonics and nux vomica; (3) iodide of potassium and ergot. The latter plan has been attended with the utmost satisfactory results. The following is my standard prescription:

℞ Potassii iodidi. ʒ ij.
Ext. ergotæ fluidi, ʒ j.
Ext. nucis vomicæ fluidi, ʒ j.
Tr. cardamomi co., ʒ j.
Syrupi, qs. ad., ʒ jv.

Mix. Sig.—A tablespoonful night and morning.

Usually in a month the power has been restored to the paralysed parts. Under other forms of treatment recovery does not usually come under three months. The efficacy of ergot is attributde to the well known physiological action of ergot on the non-striated muscular fibre. The dangers which were formerly supposed to be attendant on the prolonged employment of ergot, such as gangrene, etc., are certainly not to be apprehended from my experience in the therapeutic employment of the drug.

Treatment of Epilepsy.

By James M. Davis, M. D., Greenville, Ind.

FOR the benefit of Dr. Miller, of Eureka Springs, Arkansas, I give my treatment of epilepsy, which has been quite satisfactory to me, and may prove useful to him and others in like dilemma. I first remove all cause as far as possible, and put my patients in the best condition I can by appropriate treatment. I then put them on the following:

℞ Potassii bromidi, gr. xx.
Ammonii bromidi, gr. x.

Mix. Sig.—For one dose, three times a day. At the same time I give 1-100 of a grain of sulphate of atropia three times a day, and continue this treatment for 6 or 8 months, after which stop and give:

℞ Zinci valerinatis, ʒ j.
Ext. belladonnæ, gr. x.
Acidi arseniosi, gr. iij.
Ext. gentianæ, q. s.
Pill No. xxx.

Mix it. The first week give two pills a day, the second week three pills a day, and the third week four pills a day, until all are taken. When I refill this prescription, I double the amount of zinc, and after about one month on this course, I go back to the bromides again for 6 or 8 months, and then change again to the pills, alternating in this way, and continuing the treatment for two or three years. If the patient becomes anæmic from continued use of the bromides, give iron in any convenient form; I prefer dialyzed iron. The above is the treatment I pursue in epilepsy, and can only hope that it may prove as useful to others as it has been in my hands.

Reports on New Remedies.

From Private Practice.

[Written for the Therapeutic Gazette.]

Dioscorea Villosa (Wild Yam, Colic Root.)

By I. J. M. Goss, A. M., M. D., Marietta, Ga.

DISCOREA is found in the Southern, Middle and Western States, climbing over shrubs and fences. It is called wild yam and colic root by the people, and some call it wild hop. The vine is smooth, rarely villous, green, and dies every fall. The leaves, mostly alternate, sometimes nearly opposite in fours, more or less downy underneath, heart-shaped, conspicuously pointed, 9 to 11 ribbed. Flowers pale greenish yellow, very small, fertile ones in simple, drooping racemes. The fruit is a membranaceous, three angled, or winged pod. Seeds, one or two in each cell, which is a minute embryo in hard albumen. It flowers in July. The root is the part used, which is hard, knotty, and matted, with fine fibres radiating from the root proper. (See the author's works for botanical description).

Medical effects and uses.—Discorea acts especially upon the umbilical and cœliac plexuses of nerves, and upon the muscular tissues over which these preside; also on the liver, and upon many portions of the sentient nervous system. But the grand sphere of its action is upon neuroses of the bowels and stomach, especially where the cœliac and umbilical plexuses of nerves are in a great state of hyperæsthesia. Also where there is spasmodic stricture of the urethra. Whenever there is steady twisting pains in the stomach and bowels, it is indicated, and may be given in proper doses with confidence. In what is called bilious colic, spasmodic colic, from flatulence, indigestion, and from indigestible food, dioscorea is almost a specific. But its action is not confined to the bowels and stomach. It is a valuable remedy in many nervous pains of a reflex character, having as it does, an affinity for the spinal cord and the reflex nervous system generally, and the umbilical plexus of nerves specially. And, hence, in large doses, its toxical effects are manifested in exalted reflex excitability of the spinal cord, and pains in the body (like rheumatism), remoté from the seat of its primary action. It may cause hyperæsthesia of the spine, brain, uterus, and abdominal nerves. Like all good remedies, the plus dose will give the plus action, hence, some have been alarmed at the effects, simply because they gave toxical doses and got toxical action. The medical dose of the fluid extract is from 10 to 20 gtts.; the dose of the saturated tincture is from 30 to 60 gtts. The dose of the dry extract (dioscorin), is ¼ to 1 gr., repeated once every hour or two, until the desired effect is produced, in cases of colic, more seldom in other affections. It is of signal value in pyrosis, vomiting and gastralgia of pregnant women, or when occurring during the menses. It is also of much utility in renal colic from the passage of calculi, also in hepatic colic from the passage of calculi from the liver. It is a good addition to purgatives in dysentery of a catarrhal mucous enteritis. When cholera infantum and cholera morbus are attended by excruciating abdominal pains, they may be much palliated by dioscorea; but where the evacuations are thin and very watery, this remedy will have to be alternated with the camphorated tincture of rhubarb. In hemorrhoids, attending by severe twisting colicky pains, dioscorea wil give much relief. In spermatorrhœa attended with constant excitement, with strong and frequent erections, day and night, dioscorea will prove a valuable remedy. In nocturnal emissions, in very small doses, say 1 to 5 gtts., dioscorea has proved valuable with me. It has proved a very positive remedy also for pain (of a spasmodic character) of the spermatic cord. In uterine colic, dysmonorrhœa and after-pains of a cutting, spasmodic character, dioscorea is quite efficient. Its action depends upon the purity of the preparation. Tinctures, fluid extracts, or solid extracts, made from the dry root are almost worthless. It should be made from the fresh, undried root. Much of that sold in market is made from a species of smilax, which does not possess the properties of dioscorea at all. I would not use any except that prepared by a reliable house.

[Written for the Therapeutic Gazette.]

Grindelia Robusta in Hay Fever.

By G. Meeker, M. D., Newark, N. J.

I HAVE tested the fluid extract grindelia robusta in quite a number of cases, being guided, as to its physiological action, by the observations of Dr. Bartholow. I can fully corroborate from my experience the statements made by the majority of those who have employed it, regarding the efficiency of this medicine in cases of chronic pneumonia, chronic bronchitis, hay fever in complication with even severe paroxysms of asthma.

The case of Miss L. T., æt. 27 years, illustrated to me the occasional salutary effects of grindelia robusta in the most convincing manner. She has been a sufferer from hay fever for the past ten years, and while at the onset of the affection the paroxysms would leave her for some time entirely, they became gradually so frequent and severe that she was troubled almost continuously by day and night, and was unable to leave her house. She had been under the treatment of some of our most noted physicians, but without obtaining any apparent relief, until she commenced, by my directions, the use of fluid extract grindelia robusta (P., D. & Co.'s). This medicine acted so favorably on her, that she admits openly that she never received such a decided benefit from any previous treatment. Some time has elapsed since she has taken any medicine, and she has been free from attack and is doing well.

I might say one word in regard to coca. It is indeed an "economizer of vital energy."

Abstracts and Translations.

[All articles marked with the * are translated by C. R. Cullen, M. D., Richmond, Va.]

[Translated for the Therapeutic Gazette from the Journal de Thérapeutique de A. Gubler.]

Hoang-Nan and its use in Leprosy, by Dr. Laris Baralt, (of Caracas)

The introduction of this remedy into European therapeutics is of quite recent date, and goes only back to the year 1874. We owe it to the French missionaries living at Tonquin, who have been led to employ it from the use of it by the natives against rabies, leprosy and ulcers of a malignant nature. In the first part of his thesis the author speaks of the botanical origin and of the physiological action of the hoang-nan.

The hoang nan is a Liare (creeper) of the family Loganiaceæ, which grows in the mountains of Annam and Laos, in southern Tonquin. Only its leaves and bark are known, and the species has not been determined, although a close resemblance has been established between the bark of hoang-nan and that of the false angustura. Both contain the same alkaloids, strychnia and especially brucine, the latter predominating. Mr. Baralt has experimented with different preparations of hoang-nan on frogs. The aceto-alcoholic extract, the aqueous extract and the alcoholic tincture produced identical effects, except in intensity, the first of the three preparations being the most active. Numerous and

varied experiments based on those which M. Vulpian has instituted in his admirable researches on strychnia and brucia, have established a similarity of action, almost perfect, between hoang-nan and those two alkaloids. Besides the author has shown by direct experiments that the active principle is the same. The alkaloids strychnia and brucia, obtained from the hoang-nan and made into a saline combination act like the extract.

With hoang-nan as with strychnia the poisonous effects are manifested by a succession of convulsive attacks of alternating diminishing and increasing intensity. These attacks decrease in intensity in the proportion of their frequency. In the interval between attacks, the frog is weak, its muscles are agitated by rapid quivering which returns at irregular intervals. These attacks may be excited by simple touch or slight flagellation. In larger doses this excitability was diminished and the frog became insensible to these excitations and fell into a state of complete muscular dissolution and the reflex movements could no longer be provoked. This parallel of action shows itself to the end and in the minutest details. At least as far as frogs are concerned there is no sensible difference between the physiological action of the false angustura and that of hoang-nan. The result is that the one could take the place of the other. However, as some experimenters have shown, under the influence of hoang-nan the lower extremeties are always "tetanized" first and the maximum of contraction is observed after death.

We now come to the second part of M. Baralt's work, viz., the use of hoang-nan in leprosy. In the Antilles and especially in Trinidad, and at Venezuela and Pondicherry, the most favorable results have been observed. The author reproduces a great number of observations which have been taken in the leper-asylums by missionaries, with a spirit worthy of praise but sometimes reported in an enthusiastic and not very scientific manner.*

The results have been of a most satisfactory nature. All the cases cited have been either arrested in their progress or have been improved by the hoang-nan. The periodic attacks of fever which are so debilitating to the patient, and which are so obstinate to ordinary treatment, have been suppressed.

The parasitical nature and the contagiousness of leprosy, confirmed by the recent researches of Hansen, Ecklund and Meisser, must, when they are confirmed, materially change the therapeutics of leprosy. In the meantime, before science takes another step and on account of the radical insufficiency of other remedies, M. Baralt regards the hoang-nan as a tonic, stimulant and even perhaps as an antiparasiticide.

The Tonquin remedy, used by the natives, as well as by the missionaries, is prepared after the following formula:

℞ Alum, 1 part,
Natural realgar, 2 parts,
Bark of hoang-nan, 2 parts.

The whole is reduced to powder and formed into pills of from 25 to 30 centigrammes each. Sulphide of arsenic enters into certain formulæ. At the same time when the remedy is given in such a shape, it has been recommended to administer some vinegar, which in connection is perhaps intended to render soluble and absorbable the alkaloids of the bark. Our author proposes to displace the powder of hoang-nan by the aceto-alcoholic extract, which may be administered in pill shape. To this extract the posology (dosage) of extract nux vomica may be adapted.

*Here is an example. "The remedy, as if it were provided with intelligence, leaving the healthy parts free, carries its action to those points were its need is felt, that is to the sores, the swellings, the tubercles the anæsthesia, to the weakness of the parts attacked, to the organs of the voice and smell. Thus after the manner of a re al true specific, it seems created for the evil itself and goes right to its seat."

[Translated for the Therapeutic Gazette, by Ralph D'Ary, M. D., from an article in the Russia by Dr. Bogoyavlenski.]

Pharmacology and the Clinical Use of the Flowers of Convallaria Majalis.

In May, 1880, Prof. S. P. Botkin reqnested me to repeat the investigations of Marmè, Walz, Brandt, and others, concerning the physiological effects of the above drug in order to replenish the gaps left by them in the subject. Besides making experimental investigations I was especially to try the remedy clinically, (in cases of patients suffering from insufficient compensation) in order to determine the clinical indications for its use, and the best mode of administration. Since that time to the present day (December) I have continued my physiological experiments in Prof. Botkin's laboratory, and am trying the remedy clinically in St. George's Hospital. The following are the results so far of my labors:

A. *Experiments on Frogs.* Upon introduction of the infusion, the tincture or extract of the flowers of convallaria majalis into the lymphatic system of the frog the following results are noticeable:

1. Retardation of the cardiac contractions, with an increase in their energy.

2. Irregularity in the diastole of the ventricle—some of its divisions remaining partially systolic.

3. Complete arrest of the heart beat, with tetanic contraction of the ventricle, and distended throbbing auricle and venous sac.

4. The heart, after assuming this characteristic condition, does not change in response to electrical, mechanical or chemical irritation, nor upon application of Stannius' ligatures, nor upon division and irritation of the vagi, nor in consequence of destruction of the nerve centres.

5. During the first and second stages of the intoxication the usual effects are obtained by electrical stimulation of the vagi.

6. If the vagi are divided previously to the introduction of the convallaria, or introduction with atropine is first produced, the effects of the convallaria are still the same.

7. If the nerve centres are previously destroyed, a larger dose of convallaria is required to produce the above results.

8. In all these experiments there were no abnormal deviations in the other organs of the muscular or nervous systems.

B. *Experimeuts on warm-blooded animals.*—The same preparations of convallaria were used, with the following results:

1. A sudden retardation of the cardiac contractions, with increase of blood pressure.

2. After the period of retardation there follow a strongly pronounced acceleration of the contrac-

tions with still greater increase of blood-pressure.

3. Arrest of the heart-beat with diminution of blood pressure.

4. When the vagi are previously divided the precursory retardation does not take place.

5. If during the period of acceleration of the contractions the peripheral ends of the vagi are irritated, the usual effect on the heart is not observable, but the following strange circumstance take place: those variations of pressure which are caused by the breathing movements of the animal, forming a wavy line on the indicator, very suddenly disappear, and remain in abeyance during all the time that the electrode is kept in contact with the nerve. (I am at present engaged on a closer investigation of this circumstance.)

6. In the left and right ventricles there is always found an extravasation of blood under the endocardium.

C. *Clinical observations.*—I have tried the infusion of convallaria majalis in six cases of cessation of compensation, with the following results:

1. Under its influence (ex. ℥ j–ij ad colat f ℥ vi) the quantity of urine is much increased.

2. At the same time the dropsical exudates are promptly absorbed and the weight of the patient lessened.

3. The pulse grows fuller, more regular, and in some cases slower; the latter effect is most noticeable in those cases in which a prominent symptom of the interruption of compensation is a cessation of the regulating influence of the nervous system on the heart.

4. The distension of the cavities of the heart is lessened, as well as the congestion of the organs supplied by the lesser and larger cycles of the circulation.

5. This effect is equally manifest, whether there be valvular deficiency or a narrowing of the cardiac openings.

6. The remedy does not seem to possess any cumulative properties.

7. The diuresis induced by the remedy continues long after the cessation of its administration.

One of the cases of heart disease which I treated with convallaria maj. was complicated with chronic nephritis, but nevertheless the diuretic effect of the remedy was strongly manifested, though not quite in the same degree as in patients with healthy kidneys.

[Translated for the Therapeutic Gazette from Le Journal de Therapeutique de A. Gubler.]

Physiological and Therapeutical Action of the Lily of the Valley (Convallaria Majalis)—By Troitzki and Bogoyavlenski.

This very interesting work reveals to us in this common plant a veritable substitute for digitalis. The plant was formerly much employed, especially in Germany, and Matthiole has enumerated, at length, its properties, which at his time were attributed to the flowers of the plant. If we are to credit his statements, there are few diseases which wre not happily modified by its use. Among their number he mentions palpitation of the heart, for which it is claimed that it can be relieved by the convallaria majalis. This remedy, however, had entirely fallen into oblivion when the authors of this pamphlet endeavored to bring it forward anew, basing their claims on the results furnished by experimental physiology.

Injected into the lymphatic sac of a frog, the aqueous infusion of convallaria soon produces a decrease in the frequency, with augmentation of the energy of the heart's contractions, irregularity of ventricular diastole through the irregular relaxation of the muscles, tetanic contraction of the ventricles. These modifications in the movements of the heart are influenced neither by mechanical, electrical nor chemical excitation of the muscular fibres, nor by those indirect ones of the central or peripheric nervous system. The dose used should be very small, in order to allow the excitation of the par vagum to produce its usual effect.

Injected into the veins of warm-blooded animals, the infusion of the lily of the valley produces a diminution of the number of the heart's contractions, with elevation of arterial pressure. A little later the contractions become more frequeut, and the pressure is further elevated, then the contractions cease and the pressure falls. In such cases also, the section and excitation of the peripheric end of the pneumogastric produce no change. Besides these results obtained on animals, Boioiavlenski treated with the lily of the valley six patients suffering with valvular non-compensated lesions. He administered an infusion of 3.06 grammes to 7.02 grammes of the plant in 120 grammes of water. Under its influence the quantity of urine increased *pari passu* with the disappearance of the œdema. The heart contractions became more clear, more regular and slower; the stases in the small and large circulation began soon to disappear. The diuresis kept on even after stopping the use of the remedy.

Nephritis in one of the patients suffered no change, the improvement in the general symptoms being merely less marked. Troitzki has noticed the happy effects of this remedy, especially in such cases where the asystole is caused by a nervous state which stops or hinders the compensation. He has used a less concentrated infusion of from 3.06 grammes to 7.02 grammes in 180 grammes of water, and has given of this infusion three or four spoonsful per day in nervous palpitation of the heart. The effects obtained have always been very marked and singular; they have persisted for nine days after suspension of the administration of the remedy. The general excitation, the dyspnœa, and the intensity of the palpitations disappeared completely. According to the same author, the convallaria did not, like the digitalis, give as favorable results in aortic as in mitral insufficiency, but it is much superior to digitalis in nervous palpitation. Such is the resurrection of an old remedy which had only been employed in sternutatory powders. (Vratch, 1880; 47, 49.—Allgem. centralzeitung.—Lyon Medicale).

[Translated for the Therapeutic Gazette by Dr. D'Ary, from an article in the Russian by Dr. Troitsky, of St, Petersburg, Russia.]

A New and Important Remedy for Functional and Organic Diseases of the Heart.

THE use of the infusion of convallaria majalis by persons suffering from heart disease, in any form, has generally produced good results in my

hands, but is most striking in cases of insufficiency of the mitral valves. In affections of the aortic valves, and also in cases of mitral insufficiency complicated with stenosis, its efficiency is comparatively less. This, as is well known, is also characteristic of digitalis. The cause of this unequal effect on the diseases of the several parts of the heart, lies in the very nature of the physiological action of these remedies, which increase the arterial blood pressure.

The greater number of patients (suffering from mitral insufficiency, either with or without stenosis), have consulted me either during the period of complete compensation, or after its cessation, when symptoms dangerous to life had set in. During the period of compensation, the patients consulted me because they were unable to take even the least bodily exertion without troublesome palpitation and dyspnœa, which would compel them at once to desist, and necessitate a more or less prolonged period of rest. This class of patients, which moreover, are excessively irritable in temper, through the effects of their affliction, generally beg of the physician to prescribe something that would lessen their irritability, and *eo ipso* prevent the occurrence of those torturing attacks of dyspnœa. Valvular disease in all, and which is so frequently the sequence of acute articular rheumatic cases, without exception, is productive of great irritability and peevishnes. Even when it affects persons with fully developed moral character, this disease will so much change it, as to render the sufferer almost unrecognizable as the person to his nearest friends; sometimes leaving him of his former temperament and disposition only a vague general *habitus*. To these patients I have been in the habit of prescribing an infusion of the flowers of convallaria majalis (gr. x—f ℥ vj.) in doses of one tablespoonful twice a day, and in two or three days it so far soothes their organism, that it enables them to discontinue their enforced and irksome idleness, or even to undertake considerable exercise, without producing palpitation and dyspnœa. The effect of the medicine, without repetition of the dose, continues from 5 to 9 days, after which, if necessary, it may be taken again, and the same result will follow. Especial attention is invited to this sedative effect of the remedy, because the patients during the period of full compensation and apparent health, apply to the physician with the special object of obtaining relief from their excessive irritability, and are not contented with the advice that in such cases is generally given them. We must give them something to lessen the reflex functions of the nervous system, and this is accomplished by the infusion of convallaria majalis. The patient should be instructed to take the medicine only during the continuation of the highest degree of irritability, and discontinue it as soon as his condition becomes at all tolerable, for it is not known to me, as yet, whether the flowers of convallaria majalis do not, like digitalis, possess a cumulative action. The infusion of digitalis, although given in stronger dose (gr. xx,—f ℥ vj) was much less effective than the infusion convallaria majalis, made of gr. vij—x to water f ℥ vj.

The influence of the latter, if taken during a paroxysm of palpitation and dyspnœa, is felt at once.

When compensation is no longer able to correct the consequences of valvular disease, the remedy still acts satisfactorily, and it has great advantages over digitalis, as the latter, in order to remove symptoms immediately dangerous, has to be used in such large doses, that not many physicians, remembering the dangers from the remedy itself, dare repeat it. Instead, therefore, of giving heroic doses of digitalis, I have repeatedly prescribed infus. flor. convallariæ (gr. x—xij: ℥ vj.)—3-4 tablespoonsfuls in a day, and with excellent results, the severe dyspnœa, œdema of the feet, and râles in the lower lobes of the lungs disappearing, so that in 7 or 8 days, after having taken the six ounces of infusion, the patient would feel tolerably well. In cases of severe dropsy through arrest of compensation, I have not yet tested the remedy, consequently I cannot say anything about its diuretic effects, although I expect it will be found very valuable.

[Translated for the Therapeutic Gazette from the Gazette Medicale de France.]

Genito-urinary Diseases.—By Dr. Labadie.*

1. *Oliguria, Anuria.*—In a general manner, all things being equal, the gravity of a nephritis is in inverse ratio to the abundance of urine. When the secretion diminishes or ceases entirely, uræmic accidents are most grave, convulsion and coma being imminent. The other uræmic symptoms, vomiting, diarrhœa, dyspnœa, etc., attributed to insufficient depuration of the blood, are all dependent upon the diminished activity of the kidneys. It is necessary to stimulate the urinary secretion. But what diuretics shall we use? We eliminate all those which irritate the secreting structure of the kidneys, as squill and salts of potash, these last tending to debilitate the heart. The use of digitalis is contraindicated in the treatment, owing to its cumulative properties, in obstructed flow of urine in the kidney itself and in cardiac debility. The administration of the remedy is also apt to cause anorexia, vomiting, etc. Milk, to the exclusion of all other remedies, is the best remedy.

2. *Albuminuria.*—We know of no way of modifying the renal lesion attending this symptom, but clinical observation teaches us that physical repose, warm bedding, and wintering in a mild climate under beautiful skies, exercise the most salutary influence upon the evolution of Bright's disease, particularly in the chronic form, which is accompanied by abundant dropsy. Leading clinical lecturees as Bartels, have decided that constant repose in bed is one of the sure means of combating albuminuria. Among medicinal preparations quinquina is best suited to the disease. Dr. See is accustomed to prescribe in chronic nephritis, the tartrate of iron in syrup. Recently inhalations of oxygen have been employed.

3. *Œdemic Dropsies* in Bright's disease arise from a retention of the water of the blood by reason of insufficient elimination, or an abnormal permeability of the cutaneous vessels, and the simultaneous intervention of these two elements is very probable. One readily comprehends how a stimulation of the lan-

guishing renal functions by a milk diet is a powerful means of combating this symptom. Hot vapor baths are also highly recommended. Lately experiments have been made with jaborandi and its alkaloid pilocarpine. In the hands of Gubler jaborandi has given little good results. Pilocarpine has been used by Rienci of Genes, and Costa of Rio de Janeiro, who favor it. M. Huchard has used it subcutaneously with good results. Drastic purgatives combined with diuretics are used to good advantage.

4. *Lime Water in Gonorrhœa.*—Kuchenmeister recommends as an abortive in gonorrhœa, injections of lime water, used half hourly and hourly. The acute symptoms of the malady will be thus diminished, and safely permit the use of astringent remedies. Among these last he prefers alum 1 to 10 to 150 of water, with the addition of 5 grammes (75 grains) of a solution of salicylic acid to 100 parts of water. Lime water should be kept free from air to prevent transformation into carbonate of lime.

[Translated for the Therapeutic Gazette from the L'Union Medicale.]

Typhoid Fever and Treatment.*

Dr. Hillepeau, of the Hospital of St. Anthony, conjoins the reported good results of calomel, salicylate of soda and sulphate of quinine in typhoid fever. They lessen the dangers of the disease and moderate its progress. On the authority of Wunderlich and of Liebermeister, we give calomel as a specific rather than as an antipyretic, and yet in many cases it has also reduced the temperature. Sulphate of quinine is often efficacious when given in doses from 20 to 30 grains. In doses of 15 grains it is less beneficial.

Liebermeister has given heavy doses in typhoid fever, and when rejected by the stomach, it can be administered by the rectum in combination with some drops of laudanum.

Salicylate of soda is often efficacious. In doses of 30 grains it lowers the temperature two to three degrees. This result is produced from the first to the twelfth day; it has only failed in a small number of cases. Our course is as follows: The first day give three grammes (45 grains), to be continued three days if an antipyretic effect does not result. Afterwards, from the 12th day, the fever abates, and the quantity is reduced to two grammes. If the temperature is nearly normal, we then return to the sulphate of quinine. By this course we obtain an energetic action without provoking accidents. During the course of the fever the patient progresses favorably, the tongue being seldom dry. Of 35 cases of the fever, 13 recovered in less than 20 days; 18 in 20 to 30 days, and only 4 required a long time.

We attribute these good results in part to the moderation of the fever, in part to the milk diet strenuously insisted upon, which acts also as a diuretic, and to the elimination of abnormal substances. The hyperthermy does not appear to demand cold baths. Pneumonia is apt to set in about the 12th day, and generally under baths the patient dies, and we believe with Lieberman, that antipyretics methodically employed can replace with advantage refrigeration by cold water.

[Translated for the Therapeutic Gazette from L'Union Medicale.]

Myopia in the Schools of Different Nations.*

Many works have lately appeared on the subject, and the statistics furnished cannot fail to attract attention. In New York Dr. Callan only found three or four per cent. of the children in the colored schools to be afflicted. In India Dr. MacNamara has found but few cases. The English schools, though in dark and smoky manufacturing towns, present but few cases of myopia. The Americans rank next to England in the number of cases, and Ireland next to America. In 10 or 12 large schools the number reached 12 per cent. In Cincinnati, 16 per cent. In the College of New York and in the Polytechnic School, the number of cases reached 30 to 40 per cent. In the same schools the proportion varied according to nationality, the German children showing 24 per cent., while the Americans rated at 19, and the English and Irish only 14 per cent. Russian schools showed from 11 to 13½ per cent. In Switzerland and in Germany the number of cases is alarming. In Lucerne the cases above seven years were few in number, but in the higher classes the ratio reached 61½ per cent., and in Breslau to 63 per cent. In New York Drs. Young and Derby found among very young children only 3½ per cent, but in higher classes 26 per cent.

It is still more difficult to ascertain the exact cause of these facts. The Germans, it is true, show more application, and yet there is a great deal of myopia in the schools of working people, who take a great deal of out-of-door exercise, besides the usual attendance at the gymnasiums. Dr. Cohn thinks it is owing to the German text, which he condemns, and recommends as a substitute stenography or the ordinary Roman letter. He thinks also that much letter writing is a chief cause of myopia.

[Translated for the Therapeutic Gazette from La Concours Medical.]

Bromide of Ethyl and Chloroform in Labor.*

Dr. Simonin has used both of these medicines extensively, and his report is given in full, a synopsis being here presented:

1. The first costs very little more than chloroform.

2. With equal parts by weight, the woman inhaling bromide of ethyl retains her senses longer, particularly her sight and hearing, and is able to answer the questions of the accoucheur as to flooding, amount of pain, etc.

3. It produces ready relaxation of all muscles, and is not apt to give rise to ringing in the ears, suffocation, eructations or vomiting. The patient sometimes has her eyes open, sometimes closed, but can easily keep awake. His concludes are as follows:

1. Bromide of ethyl lessens the dangers of labor.
2. It has no bad influence on mother or child.
3. The labor is much sooner concluded.
4. The recovery from the confinement is quicker, without drawbacks, and health is sooner restored.

[Translated for the the Therapeutic Gazette from Gaceta Medica de Mexico.]

Yerba de las Animas.*

This is a vegetable substance belonging to the family of convolvulaceæ, and growing in abundance on the declivities of mountains. The natives of Michvacan use it as a cathartic. The root is cut into small pieces, from which a decoction is made; when old it is first ground into powder. The medicinal effects are first heat and burning in the œsophagus and stomach, followed in two or hours by colicky pain and several large alvine evacuations. The evacuations are at first fecal, and afterwards become serous, varying, however, in the latter respect in each individual. Sometime the plant acts as a poison, one case being reported in which violent pains commenced in an hour and a half after taking, accompanied by severe nausea, vomiting, purging and great prostration.

[Translated for the Therapeutic Gazette from La France Medicale.]

Typhoid Fever Among Aged People—By Dr. Josias.*

He observes that the fever in young and old persons is very different. The onset in the aged is insidious, the prodromata lengthy and characterized by a general fatigue and an enervating lassitude; cephalagia appears often; diarrhœa is almost constant, the examination of the thoracic organs is negative; the temperature is little elevated. The other symptoms are similar in all ages. Weakness is the predominant symptom. It is singular, however, that the lungs, the heart, and the nervous system show no lesion whatever, and the patient dies peaceably, without a shock. Convalescence from typhoid is slow, and the disease often fatal among old people.

[Note by Translator.—While my list of post-mortems among old people dying of this disease is not long, yet nearly all of the fatal cases had sub-acute peritonitis, even when the patients seldom, while living, complained of pain.]

[Translated for the Therapeutic Gazette from the Journal de Therapeutique.]

Borate of Quinoidine.*

Dr. Vrij, of La Haye, writes an article on this febrifuge, and announces that he will shortly publish an extensive paper on the preparaton. It is an amorphous powder, soluble in three parts of cold water. This great solubility and its alkaline reaction give it great superiority over sulphate of quinine for subcutaneous administration. One hundred parts of the borate of quinoidine contain fifty-four parts of pure quinoidine. The price is one-twelfth that of quinine. Experiments in Holland, by Dr. Bermanides, shows that in ordinary fevers one gramme of borate of quinoidine gives the same result as sixty centigrammes of quinine.

[Translated for the Therapeutic Gazette from L'Union Medicale.]

Insomnia—By Dr. LeBlanc.*

No single soporific or anodyne is applicable to all diseases. In aguish diseases, the cause being removed, natural sleep returns. In chronic affections the remedies greatly vary, as in neuralgia, rheumatism, cancer, etc. The first object is to diminish the sensibility, and to do this the remedies differ materially. In neuralgias we have sulphate of quinine, which we employ alike in periodical as in congestive attacks; we have also opium, and its alkaloid, morphine, hypodermically, etc. Against trifacial neuralgia we have aconitine, whose remarkable action has been praised by Gubler. We have also croton chloral, recommended highly by different practitioners. In chronic rheumatism the treatment is less varied and less satisfactory; salicylate of soda acts unfavorably, and hydrate chloral only as a hypnotic.

[Translated for Therapeutic Gazette from the Arabic Medical Journal, El-Tabeel, for June, 1881, by A. J. A. Arbeely, M.D., Damascus, Syria.]

Treatment of Hydrocele with Hydrarg. Oxid. Rubrum.

Many cases of hydrocele have been treated by this drug as follows: After the scrotum has been tapped in the usual method, and it liquid evacuated, throw in ten centigrammes of the oxide mentioned above through the canula of the trocar to the internal part of the sac, which must be rubbed lightly to spread the oxide on all the internal surface. It is said that many cases of hydrocele were successfully treated, but one case has been reported in which the hydrocele was on both sides, and in which the introducing of the drug caused mercurial salivation. Another case is reported in which it caused inflammation. The pain from this treatment has always been very slight, and generally less painful than the treatment in the usual manner by the injection of the tincture of iodine.

[Translated for the Therapeutic Gazette from the L'Union Medicale.]

Feeding Newborn Infants.*

Dr. Henrietta has sent to the Royal Academy of Medicine in Belgium an article on feeding of newborn infants. He remarks that infants which refuse the breast and are unable to swallow when fed with a spoon, seldom live. Feebleness is the cause, and whatever be the cause of this feebleness, infants deprived of breast milk the first few days after birth are inclined to sleep. The physician should direct his attention to this, for it indicates insufficient nourishment, and which it cannot overcome by itself.

Dr Henrietta puts the infant in a horizontal position on the nurse's lap, and through a small syringe pours through one nostril, drop by drop the milk of the mother, and if none, cow's milk. Seldom does coughing interfere with feeding in this manner, and infants often live which cannot nurse, and would otherwise die. In a similar manner can be nourished persons with tetanus, fracture of lower maxillary bone, glossitis, etc.

[Translated for the Therapeutic Gazette from the Arabic Medical Journal, El-Tabeel, for June 1881, by A. J. A. Arbeely M. D., Damascus, Syria.]

Carbolic Acid and Decoction of Malvæ Rotundifolia in the Treatmet of Typhoid Fever.

Dr. Shebly Shmail, of Tanta, Egypt, has used carbolic acid as follows: Add fifteen grams of carbolic acid to two hundred grams of water. Take one ounce of this mixture and add to it one hundred and fifty grams of the decoction of malvæ rotundifolia, which latter mixture inject into the rectum, in a tepid state, every three hours. The result will be, after its absorption, a reduction of the temperature of the body, copious perspiration and augmentation of all the secretions, especially those of the kidneys.

This treatment acts also as a disinfectant, and at the same time induces a healthy action of the bowels.

[Translated for Therapeutic Gazette from the Arabic Medical Journal, El-Tabeel, for June, 1881, by A. J. A. Arbeely, M.D., Damascus, Syria.]

Treatment of Condylomata or Mucous Tubercles in the Hospital of St. John, Beyrout, Syria

Dr. Geo. Post reports that he has been very successful in treating the growth by first removing them with the scissors and cauterising the raw surface with fuming nitric acid until healthy granulations are secured, and he states that this method has been more successful in his practice than any other method known. The internal administration of constitutional means (antisyphilitic) may be conducted at the same time.

[NOTE BY TRANSLATOR.—From what Dr. Post has stated of the treatment of condylomata I am reminded to recommend the following, with which I am acquainted and have tried in many cases of this kind without cutting:

℞ Hydrarg. bichloridi, gr. v.
Acidi carbolici, gtts. xxx.
Acidi tannici, gr. x.
Aquæ, ℥j.

M. Sig.—Touch the condyloma from time to time with this solution using a camel's hair brush.

[Translated for Therapeutic Gazette from the Arabic Medical Journal, El-Tabeel, for June, 1881, by A. J. A. Arbeely, M.D., Damascus, Syria.]

Treatment of Elephantiasis by Electricity.

Dr. Rino, of France, has reported to the Medical Academy of Paris that two Brazilian physicians have treated cases of this disease by the galvanic battery, composed of from six to sixty cells increasing its power gradually. The sensitiveness of the part into which they introduce needles, before the electric current came in contact, was secured by means of local applications of chloroform. They report great success, and are encouraged to further use of this means in this affection.

[Translated for Therapeutic Gazette from the Arabic Medical Journal, El-Tabeel, for June, 1881, by A. J. A. Arbeely, M.D., Damascus, Syria.]

Treatment of Orchitis by Ung. of Iodoform.

Dr. Sabaeny, of Constantinople, has reported the cure of many cases of this nature with it in a short time, by the following prescription:

℞ Vaseline, 4 parts.
Iodoform, 1 part.

M. Sig.—Employ externally pro re nata.

[Translated for the Therapeutic Gazette from the Journal de Theraputique.

Treatment of Diphtheria by Papaine.*

Dr. Boucher, in conjunction with Dr. Wurtz, who has acquired a certain notoriety in using papaya or a vegetable pepsine, proposes this substance as giving good results in diphtheria. A solution of from 10 to 30 drops applied as a paint, removed rapidly the false membranes. In the hospital of Infants a large proportion thus treated were thus healed.

[Translated for the Therapeutic Gazette from the Revue Medicale.]

Oakum in Arthritic Affections.*

An ingenious Englishman, Mr. Verdeman, first proposed the use of oakum in these affections, and in all others in which iodine is beneficial. Dr. Paul used it successfully in a case of arthritic deformity in the Laborisure Hospital, and in a case of blenorrhagic arthritis in the knees of a female. It is placed around the diseased limb, where it is allowed to remain, after the manner of cotton batting.

[Translated for the Therapeutic Gazette from Revue Medicale.]

Nitrite of Amyl.*

Herr reports a case of post partum hemorrhage immediately arrested by the inhalation of 5 drops of nitrite of amyl. He attributes this action to congestion of the head. It will act as hot water on the head, and will prevent anæmia of the nervous center.

[Translated for the Therapeutic Gazette from the Gazetta Medica di Turin.]

Lime Salts in Pregnancy.*

It is known that during pregnancy certain females suffer from neuralgia and caries of their teeth. It is supposed that during pregnancy certain females eat quantities of chalk or lime in order to develop the osseous system of the fœtus, and in default of not obtaining it, the teeth of the mother suffer with increased pain. As a consequence of this theory, it is proposed to treat neuralgias and dental caries with chalky preparations, and above all, with lacto-phosphate and the hypo-phosphite of lime.

Correspondence.

Sub-sulphate of Iron.

There are many old-fashioned doctors, who, like myself, do not understand the new classification (chemical) and do not fully appreciate a sub-sulphate of iron, or how to prepare it, or where to buy it, or whether to show our ignorance to the rising generation by ordering it from our druggists. If some enterprizing spirit would spend his Sundays in making a work showing clearly and plainly all the minor surgery and

chemistry combined, and how to change sulphates, carbonates, etc., to sulphides, carbides, chlorides, etc., etc., and how to pass a catheter in males and females and all such minor points, he would find a fame for himself and a largesse to his pocket. The "hand-book" is well enough, but it fails to go low enough, for owing necessarily to the limited course of medicine to graduates, many very, very important matters are left out of their curriculum.

I am led to these remarks by finding a prescription in your valuable journal which orders subsulphate of iron, and my old-fashioned chemistry and other works fail to supply the information required. How do you make subsulphate of iron? I have made the sulphate often and prescribed it ever since I graduated, but need more light.

Very respectfully,

S. HUBBELL.

LUPTON, Col.

[The term "sub-sulphate" of iron is not peculiar to the new chemical nomenclature. "Liquor ferri sub-sulphatis" is officinal, although perhaps better known as Monsel's solution. The U. S. Dispensatory, or the National Dispensatory will either of them furnish any necessary information in regard to chemical names and synonyms, so far as they have to do with compounds used medicinally. The simple evaporation of the officinal "liquor" would give the dry sub-sulphate. —ED.]

A Plea for Nostrums.

In view of the empirical nature of medicine and the indifferent character of hundreds of licensed physicians (to say nothing of the thousands holding Diplomas issued by bogus Colleges of Medicine) do you not think this outcry against patent medicines is very undignified on the part of the medical profession? Does it not look like the old fable of the Fox and the Grapes?

Does the editor of the GAZETTE really think it possible to regulate what each individual in the community shall swallow by act of Congress? Supposing all medicines except those ordered by physicians holding diplomas from a medical college were abolished by law, is there any medico innocent enough to suppose that the people would not still use their favorite nostrums in another form? Would they not with their "Guide to Health" go into the fields and collect henbane, foxglove, tansy and hundreds of other more or less dangerous plants and make their own remedies, and as these remedies gradually acquired reputation, would they not pass from family to family, and thus a much greater evil would arise than the one abolished?

My advice is, let the people alone. If the medical profession can prove by acts that it can control and cure disease better and more surely than the thousand and one remedies on the market, depend upon it the public is intelligent enough to find it out, and the proof of this is, that the upright, skilful and well educated physician need never dispair of success on this side of the Atlantic. He is always found out and quickly too.

Force the public to consult the many hundreds of unintelligent and dishonest physicians, furnished with orthodox diplomas, who are in many cases little better than licensed quacks, and public opinion of the present condition of medical science, will soon fall many degrees below zero.

"PHARMACIST."

MONTREAL, Qc.

Cascara Sagrada.

I notice in the GAZETTE for August, a communi from Dr. Latimer of Denver, in which it appears to the writer that the said Dr. Latimer, has most admirably succeeded in writing himself a most uncharitable, and narrow-minded individual. The subject is the therapeutic value of "cascara sagrada," and the Dr. has not the slightest patience with any practitioner who will dare to doubt, that this remedy is not an absolute and unfailing specific for every conceivable form of constipation. Indeed, he plainly tells us that those who do not thus believe, are "fossils," and also that they "must belong to that class who believe the earth to be flat." Then Dr. the profession contains thousands of fossils, and disbelievers in the earth's rotundity. The Dr. also tells us that "any remedy becomes useless in direct proportion to the deficiency of brain on the part of the prescriber." But, upon the other hand, may not this same unfortunate cerebral deficiency, have something to do with the Dr's. unbounded faith in cascara? The undoubted fact in regard to cascara is, that it is a remedy of very considerable value in most cases of constipation. Such is indeed the very general verdict of the profession, but that it is a specific, is not believed by one in fifty of those who have used it, and some at least of these, it is fair to conclude, are as capable of forming correct conclusions as Dr. Latimer. The Dr. even offers to forfeit one hundred dollars for a case of constipation that he cannot cure with this remedy. If the doctor should be able to raise the sum mentioned we think he would find no difficulty in getting contracts of this kind, so long as his wealth lasted. Dr. Latimer, give us a rest.

L. BROWN, M. D.

POSTVILLE, IOWA.

The Gazette for the Practitioner.

In remitting my dollar for the GAZETTE, permit me to say that of the nine medical journals which regularly reach me, there is none that I would be more loath to dispense with than this. It is just such a journal as my experience and my intercourse with the profession convinces me is essential, and especially perhaps to the older practitioners, many of whom, like the young man who sought a partnership with the late Dr. Franklin, of Philadelphia, have "finished their studies." Dr. F. had asked the young man's opinion in regard to the use of certain remedies which at that time were engaging professional attention. He had no opinion to offer, and excused himself by saying that he had noticed a report on the subject some time before, about the time he had finished his studies. Dr. F. very promptly bowed him out, with the statement that he did not wish for a partner an individual who had become so perfect as to have found it no longer necessary to study.

Medical men owe it to their patients to give them the benefit of everything new which is better than the old, and to this end it behooves them to keep posted on what is transpiring. The GAZETTE supplies the latest information in therapeutics as no other journal does, and is therefore invaluable.

J. M. HOLE, M. D.

SALEM, Ohio.

Jamaica Dogwood.

I have to some extent tested the merits of Jamaica dogwood. I have found it to be one of the best, if not the best of hypnotics I ever employed. But had I not tested it on myself first, some trouble might have followed the use of it upon others, for I consider two fluidrachms a dangerous dose. I took one and a half, and before it put me to sleep, I thought it would be my last.

I find one fluidrachm for an adult, repeated if necessary, should be the utmost quantity for the purpose of procuring sleep. I think it must supplant opium for all cases in which that drug is employed, except for astringent purposes.

In one case of malarial fever, my patient fell into a gentle sleep, and was soon in a most desirable perspiration.

One of my objects in writing you is to caution physicians against using this powerful drug in full doses.

S. SHEPARD, M. D.

BROOKLYN, N. Y., 345 Union St.

Boldo.

In reading over the experience of Dr. Wm. Semple with boldo, I fully concur with him. Boldo alone is very good but with adjuvants far better. I combine it in several ways: for instance, in dyspepsia, in malarial districts, I combine quinidia in 1 or 2 grain doses with dil. phos. acid and rhubarb; for dyspepsia of beer-drinkers, combine with full doses of pepsine, or papain and calisaya; and for nervous, or dyspepsia of nervous, individuals, I combine boldo, with hydrobromic acid and codeia, in proper doses; in ordinary cases of indigestion I combine it with syr. rhei aromat. In all cases, however, I give boldo in full doses, as often as can be borne by the stomach, and dieting accordingly.

JOHN FREDERICKS.

JERSEY CITY HEIGHTS, N. J.

Prescription Department.

The following formulæ are submitted by a correspondent who reports excellent results from their employment in his practice:

A Combined Stomachic and Laxative.

This will be found serviceable in indigestion from stomachic debility and biliousness:

℞ Ext. boldo fluidi.
Ext. rhamnus pursh. fluidi.
Ext. euonymi purp. fluidi.
Glycerinæ, ♏ ʒss.
Ext. nucis v micæ fluidi, ʒj.
Aq. cinnamomi, ʒj.

M. Sig.—A teaspoonful three times a day.

For Gonorrhœa.

Here is another candidate for the $100 prize. It is submitted by Dr. J. H. Buchanan, White Bluff, Tenn:

After preparing the system as may be required, give the following internally for the first stage:

℞ Ext. buchu fluidi,
Spts. etheri nitrosi, ♏ ʒij.

M. Sig.—A teaspoonful three times a day.

As an injection:

℞ Ext. hydrastis canadensis, fl., ʒj.
Aquæ ros., ʒjv.

M. Sig.—Inject twice a day.

For the second stage of inflammation: Continue the first prescription internally and inject the following:

℞ Quiniæ sulphatis, gr. ij.
Acidi sulph. dil. gtt. viij.
Aquæ ros. ʒj.

M. Sig.—Half of this mixture to be used at an injection.

In the third stage give internally:

℞ Tr. cantharidis, ʒj.
Quiniæ sulph., ʒss.
Tr. ferri chloridi, ʒij.
Acidi sulph. dil., gtt. xxx.
Aq. dest, ʒviij.

M. Sig.—A tablespoonful three times a day. Employ mild astringent injections.

Purgative Pills.

Dr. J. E. Ray, Paris, Ky., submits the following formulæ for pills which have become favorites in his practice:

℞ Res. podophyllin.
Ext. colchici, ♏ gr. ¼.
Ext. hyoscyami, gr. ss.

M.

For one pill.

℞ Res. podophyllin.
Aloin, ♏ gr. ¼.
Ext. hyoscyami, gr. ss.

M.

For one pill.

The latter is an excellent cholagogue, operating without pain or nausea.

Cough Mixture in Chronic Bronchitis.

℞ Ext. lippiæ Mexicanæ fl.
Ext. grindeliæ rob., fl.
Ext. yerbæ santæ fl., ♏ ʒj.
Liq. potassæ, ʒij.
Glycerinæ q. s. ad. ʒjv.

M. Sig.—A teaspoonful every three hours.

In Bronchitis with Discharge of Ropy Mucus.

℞ Ammon. muriatis, ʒiij.
Ext. glycyrrhizæ, ʒij.
Ant. et. potas. tart, gr. j.
Aq. bullien. ʒviij.

M. Sig.—A tablespoonful three times a day.

A Tonic in Debility after Acute Disease.

℞ Ext. boldo fluidi, ʒj.
Tr. cinchonæ co., ʒij.
Syr. simp., ʒj.

M. Sig.—A teaspoonful every three hours.

The Therapeutic Gazette

WM. BRODIE, M. D., Editor.

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Skepticism in Medicine.

IT has been charged that this is an age of skepticism, and it is by no means an evidence of faint-heartedness to admit that there does exist much doubt and unbelief regarding many of those things which in earlier days, even in the days of our youth, were held in great esteem and even reverence. This may be termed a distinctly scientific age, and science is skeptical on all points not demonstrable, although, strange to say, many of the hypotheses on which it is founded are nothing more than hypotheses, and not capable of demonstration. It is the mission of science to discover the nature rather than the causation of things, to take things as they are rather than to account for their existence, to deal with facts rather than with hypotheses; but such is the inquisitiveness of the human mind, that the temptation to go back of the effect and to inquire into the antecedent cause is very strong, and scientists have yielded to it. The result of this has been that in searching for the unknowable, they have gone beyond their depths, and finding themselves unable to touch bottom, they, in their conceit, proclaim that there is no bottom, and reject all hypotheses which attribute the material to an immaterial cause. But we have nothing to do with that phase of skepticism which has to do with other than matters strictly medical, further than to remark that skepticism in medicine is but another, but more aggravated, manifestation of the same spirit, more aggravated because it persistently shuts its eyes to facts clearly cognizant to the senses. Skepticism in medicine has declared itself in outspoken doubt regarding the power of drugs unto the curing of disease, and such declarations have occasionally come from quarters which entitle them to respect, even though the source do not compel acceptance.

This question of skepticism in medicine was the text of an address written by the late Maurice Raynaud, and read by Dr. Féréol before the late International Medical Congress, held at London. So thoroughly did this address discuss the subject in its bearings on the present times, that we shall reproduce many of its sentiments in our present consideration of it. It will be proper as well as profitable to define at the outset the term skepticism. It has two meanings; the one as applied to a system of philosophy which denies the foundation of certainty; the other, a certain intellectual tendency or turn of mind which may arise as much from habit and education as from reasoning, and leading to a more or less universal doubt. Although not necessarily connected, the two willingly chose their homes in the same mind, and are frequently found associated.

In its etymological signification, the term skepticism does not mean what it is now, through an abuse of language, employed to signify, namely, "doubt," but is derived from the Greek σκεπτομαι, "to examine." It is well to doubt, if doubting but leads to skepticism in the original meaning of the term, that is to examination in order that doubt may be removed. The honest doubter is a true skpetic (examiner). He is a true critic, and the spirit of criticism is one of the most laudable things in the world. It regards the best established theories as provisional landmarks which serve to group facts, but which it must be ready to abandon as soon as the theory shall be shown to be false or insufficient, without abandoning the facts which gave it support, on condition, of course, that these facts, incessantly put to proof by experience, come off victorious. Medicine is a matter not of faith, but of knowledge, of facts, and its precepts have no other value than that which our reason accords to them.

Skeptics, in medicine at least, are most abundant among those who know least of the subject on which they thus doubt. It would be impossible to make a list of the slanders of medicine; their name is legion. If doctors were vindictive men they would only have to expose the blind confidence of their slanderers in the grossest empiricism. Among the traducers of medicine we find the skepticism associated with the most infantine superstition, the same sneering, jesting spirit which believes noth ing because it believes everything, and accepts without suspicion table-turning, spiritualism, and homœopathy, all without any other reason than pure fantasy. And this strange disposition is found not even principally among the common people; it is in the upper classes, in minds otherwise intelligence and cultivated, sometimes even in learned men.

It will be interesting to analyze the causes of skepticism. There are some belonging to all ages and countries, and it requires only a little knowledge of the human heart to discover them. Many of the skeptics in these latter days have sought to be regarded as conservatives, but it is the same cause that lies at the bottom of each, and the skeptics and conservatives so-called, in the ranks of the profession, present no points of difference. They are both such through two powerful tendencies of the human mind, tendencies which, allowed to assert themselves, are the greatest foes to progress, viz., slothfulness and vanity. It is not pleasant to work, and with rare exceptions, men work simply because they are obliged to. This is true of mental equally with physical effort. Progress in medical affairs necessitates the overcom-

ing of the tendency to mental idleness particularly, but it requires effort to overcome it, and where men may live and prosper financially without this effort they are averse to making it. It is much easier to condemn than to disprove. The former requires neither knowledge nor effort, the the latter involves a thorough knowledge of the thing to be disproved, and requires that its claims shall be put to the necessary tests. The conservative skeptics of to-day are usually those who stop with condemnation, making no effort to disprove, and so it has always been. It required half a century for the circulation of the blood to be admitted without contest, during which time the new doctrine encountered that form of skepticism which is now known under the name of conservatism, a persistent shutting of the eyes to evidence and combating by the sole weapons of the dialectics, the best established facts. Guy Patin was a memorable illustration of the skepticism of those days, and a worthy progenitor of the modern conservative. With an intellect singularly shrewd, but closed to every new idea, regarding with equal contempt the pharmacopœia of his time, antimony, and the circulation of the blood, reduced all therapeutics to bleeding—a startling proof that skepticism (conservatism) and routinism often go hand in hand. The race of Guy Patin is not extinct, and the spirit of Harvey is not absolutely triumphant to-day.

Fluid Extract Grindelia Robusta.

IT requires no argument to show the necessity of a positive assurance in arriving at an opinion as to the merits of any drug, new or old, that the preparation employed is both from the proper species and that it fully represents the active medicinal principles of the drug. The medical practitioner, from the very nature of the case, is dependent on the pharmacist for these qualifications on the part of the preparation which he may prescribe, and the pharmacist is in turn to a degree dependent on the botanist and drug collector. It has occasionally happened, and indeed occurrences of the kind are by no means confined to past ages, that physicians have been led to condemn a remedy because their prescription for it has been filled from a package whose label has given but a faint clue to the true nature of its contents. Herein lies one of the uncertainties of practical medicine and through deception (not always designed) remedies of real merit have been brought into disrepute.

But, as intimated, it may happen that the drug from which the preparation has been made is true to the botanical standard and fully meets all the requirements of freshness and yet the preparation fails to secure such therapeutical results as are claimed for the drug itself. This failure is traceable to the incompetency of the pharmacist, whose office it is to adopt such methods and to employ such menstrua as will, as completely as may be, extract the medicinal virtues of the crude article. It is a recognized fact we have no universal solvent of the active principles of plants and although alcohol is sufficient in the great majority of instances to extract such principles there are drugs on which it is absolutely inefficacious to this end. Pharmacists, however, do not always practically recognize this fact and as a result there are on the market many so-called fluid extracts which are entirely destitute of medicinal value. In the case of the older remedies the seat of their active principles has in the majority of instances been determined and the menstruum best adapted to their extraction laid down in the text books and standard works. In the matter of the newer drugs, however, the case is different and egregious blunders are daily made in the selection of the menstruum. It is the rule among routine pharmacists to select their drug and through either maceration or percolation, invariably employed alcohol as the menstruum, to put out what purports to be a fluid extract. All chemical investigation into the nature of the drug with a view to determining whether its virtues reside in extractive matter or in alkaloids is deemed superfluous. As a consequence their products are void of all ground of certainty; it may happen that alcohol has been the menstruum best calculated to extract the active principle but there is no certainty in any instance that it actually is.

The above statements have received a very apt illustration in the case of grindelia robusta. This drug was first brought to the attention of the profession by Dr. W. O. Ayres, of San Francisco, who taking his cue from the natives and Spanish residents of the Pacific coast, employed grindelia robusta with excellent results in asthma. After satisfying himself that he had in the drug a remedy of great value in this intractable affection he asked the attention of the local profession to it and solicited tests to determine its efficacy. His announcement was calculated to excite interest and accordingly the plant was sought for and administered in numerous cases. The result, however, was a pronounced failure, Dr. Ayres was regarded as a misguided enthusiast and the remedy was discarded and soon almost forgotten. The discrepancy was for a time unexplained and indeed no effort at explanation was made until two years latter when Dr. W. P. Gibbons, who was engaged in the preparation of a Medical Botany of the Pacific coast came to the consideration of grindelia robusta. The history of the drug being fresh in his memory, he sought the drug stores of San Francisco, for a sample but succeeded in finding in only one of them what purported to be the drug. "The sample had been gathered in a immature condition, and had grown upon hilly land, as was manifest from its being without radial leaves; further than this it was not the *robusta*. The only preparation in the market was a fluid alcoholic extract prepared from specimen *such as just described*. It thus became manifest, 1st, that the properties of the plant were not represented in this immature species, and 2nd, that an alcoholic preparation would be incompatible." A further investigation of the subject both in California and in the eastern states to which samples had been sent showed that grindelia *hirsutala* had been largely substituted for grindelia *robusta*, and even to this day it does not seem to have fully entered the minds of pharmacists that there is any material difference between these to species of grindelia.

We have an illustration of the error of employing an improper menstruum, in recent utterances of one Mr. J. U. Lloyd, of Cincinnati, an individual

who assumes the position of an authority on questions connected with pharmacy. Not being a medical man and thus having no familiarity with drugs outside of their physical properties, he has fallen into the error, to which routinists are prone, and recommends alcohol as a menstruum for the preparation of a fluid extract of grindelia robusta. Mr. Lloyd is the accepted authority on questions of this nature by a certain firm of pharmacists who have placed a large supply of their preparation of grindelia robusta on the market.

The danger of spurious and inert preparations of this drug finding their way into physicians' prescriptions, it will be seen, is by no means problematical and doubtless many of the reports of the inefficacy of grindelia robusta, find their explanation in this circumstance, and what is true of this drug applies with equal force to many others.

The above are practical aspects of the question of new remedies which justice to the remedies demand should receive consideration. The remedy almost suggests itself: Let each physician in reporting either success or failure (and both should be reported) in the use of a new drug specify the name of pharmacist whose preparation he has employed. In these days of sophistication and the disposition to build up on the skill and enterprise of other firms, incompetence and dishonesty could not be more effectually exposed, and merit more practically rewarded, than in the manner indicated.

Malaria, is it an Entity?

DR. E. Halsey Wood, of Hersey, Mich., has, during the past few months, been entertaining, if not instructing the medical profession through the columns of the Michigan Medical News, on the subject of malaria, or rather denying the existence of any such thing, or any of the related poisons which have been assumed to exist as the exciting causes of endemics and epidemics. We have been much interested in Dr. Wood's articles, and had hoped when he started out that he would, after undermining our time-honored beliefs and sweeping away our foundation of sand, give us a bed-rock upon which we might plant our solid feet. In this hope we have, however, been very sorely disappointed; he has shaken our faith in the old, and made no attempt to give us a substitute. His articles, which promised so much, have ended in much wind, and, iconoclast that he is, he has destroyed our idols, and left us in their stead naught but an immaterial figment of his imagination. It is easier to destroy than it is to construct, and although "the youth who fired the Ephesian dome" is said to have "outlived in fame the pious fool who reared it," those days are past, and in these more matter-of-fact times, it is he who builds rather than he who either destroys or clears away the rubbish that is held in remembrance. Dr. Wood may be able, with one fell swoop of his pen, to annihilate malaria, to his own satisfaction, but until he sets up a hypothesis which will explain certain phenomena as satisfactorily as malaria does, Lancisci's creation will live in the minds of the profession, whether or not it has an existence outside of these minds.

Dr. Wood attributes all the symptoms of fever and ague, yellow fever and other diseases endemic in their nature to gangliasthenia, or an exhausted condition of the centers which preside over organic life. The arguments in favor of this assumption are so cogent and well worked up, that we are well nigh constrained to concede the point; but what causes this gangliasthenia? The symptoms in typhoid fever are due to cardiac exhaustion, and to ulceration of Peyer's patches, but what causes this exhaustion and ulceration? In purpura the symptoms are due to extravasation of blood, but why does this extravasation ensue? We might go through the whole catalogue of the diseases, and argue in the same strain; and until our iconoclast can answer these arguments we shall regard his work as valueless.

Although the chemist has not yet been able to detect malaria, so-called, in his test tube, nor the microscopist satisfactorily to determine its existence under the lens, its existence is none the less evident in its effects. Given certain conditions of moisture, vegetation and heat, and we have certain and almost invariable symptoms in persons exposed to the influence which is generated from a union of these conditions, and to these symptoms we have applied the names intermittent and remittent fever. That this influence is material we have satisfactory evidence to prove. It has a specific gravity heavier than the air, and thus seeks the lower strata of the atmosphere, not attacking persons who sleep up-stairs. It has been shown to be capable of arrest by the interposition of trees and gauze screens, after the manner, probably, in which Davy's safety lamp arrests choke damp in mines. It is absorbed by water, and does not attack people on board ship, or those living on the opposite side of a lake from a malarious swamp. Its activity is destroyed by either cold or heat, and it can live only between the extremes of 60° and 120° F. It enters the system, and by its growth, after a period of incubation, it arouses the system to a vigorous effort to eliminate it, for what is an ague paroxysm but the charge of the vital powers against the intruder? Its influence is counteracted, or it is itself destroyed by the cinchona alkaloids.

The above, and many other facts, are adducible to prove the existence of an entity in malaria, although our senses cannot perceive it, and until some hypothesis is advanced which shall more satisfactorily explain results plainly cognizable, we shall stand by the old doctrine. Nothing new is commendable unless it can be proved to be better than the old.

"The Practical Certainties" of Medicine.

IT is refreshing, amid the affected disbelief in the efficacy of drugs among some who have won even a merited position of superiority in medicine by especial devotion to a single branch of it, to hear the outspoken declaration of faith from those whose glance has taken in the whole domain,– those whose lives have been spent in practical care of the sick rather than in the physiological laboratory and the dissecting room. All honor to the latter; theirs is an essential work, a work without which medicine

would still be empiricism. The foundation upon which the noble superstructure of modern medicine has been reared was laid by them, and is being perfected by them, but that is their especial work and it does not of itself qualify them for the expression of an opinion regarding therapeutics. Knowledge of the latter comes only through experience and cannot be arrived at through any other way; there is no royal road to this knowledge. The real leaders in medicine have great faith in the therapeutic properties of drugs, however limited may be the confidence of those who cultivate only especial divisions. Among the broader scientific physicians of the day, those who combine a thorough knowledge of the fundamentals with the knowledge which comes from experience, the late Maurice Raynaud stood pre-eminent. He was, moreover, not a therapeutic skeptic but regarded drugs as the practical certainties of medicine. Referring, in his late posthumous address, to the value of etiology, pathological anatomy, and the vital resistance of the system to disease, he said when certainty on these is obtained the science will be well nigh perfected. Pending this certainty, however, "we are not quite disarmed, for we have the right to appeal to empiricism and to tradition: who of us would be able to do without that? It gives us, for want of something better a kind of certainty which is not without value, and which does not hinder us from seeking a superior certainty. The patrimony which each medical generation bequeaths to that which is to come after is two-fold, the one of an absolute, the other of a relative value, but neither to be disdained. It is thus that we have received from our ancestors opium, quinia, nearly all of our best medicines, which have done us good service, and will do us still more, before we definitely fix their mode of action; in like manner we in our turn leave to our descendants chloroform, chloral, phenic acid, the salicylates, pilocarpine and many other substances, which it belongs to the future to appreciate and to explain their various uses. Thus are formed what Cabanis has called so appropriately 'the certainties of medical science;' thus we come to the kind of certainty peculiar to the clinician, which resembles in many respects moral certainty, and which, without attaining to scientific certainty, has no less its place and rank beside her."

Helianthella Tenuifolia.

THIS new remedy, (new in the sense that general professional attention is now for the first time called to it) is found on the prairies of our western states, and notably in those of Kansas. It comes to us on the recommendation of Dr. W. S. Newlon, a physician and botanist of that state, who is emphatic in his endorsement of it as a remedy in catarrhal affections of the mucous membrane, whether of the respiratory or urinary tract. A large experience in its use justifies him in pronouncing it a remedy of especial merit in bronchitis, and as an addition to mixtures administered in coughs having their origin even in parenchymatous affections of the lungs, phthisis, etc. It forms a very palatable syrup and in this form will be found useful both as an agreeable excipient and as an adjuvant in the cough mixtures which physicians will find it necessary to frequently prescribe during the approaching season.

Chaulmoogra Oil.

THIS drug has rapidly come into favor as a remedy for internal administration in chronic skin affections, more particularly of a scaly nature, and is held in high repute as a tonic and alterative. More recently it has attracted attention as an external application to sprained joints, and now, we are advised, it has been introduced into the medicine chests of the British cavalry regiments, both on account of this latter property, and owing to its remarkable effect upon horses that have been "rung" with the collar, or have sore backs from the friction of the saddle.

The new properties of this valuable addition to our remedies will materially enhance its usefulness, and enlarge the sphere of its application.

Erratum.

IN our September number an article on "Caroba, Jamaica Dogwood, Lippia Mexicana, etc." written by Dr. N. C. B. Haviland, Danville, Vt., has been credited to Dr. Durant of the same place. The error occurred through the omission of Dr. Haviland to attach his name to the MS., and inasmuch as we had been in correspondence with Dr. Durant we hurriedly concluded that he was the author. Dr. H. will please accept our apology for the *faux pas*.

Book Reviews and Notices.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM.

Being a study of this portion of the human body from a standpoint of its general interest and practical utility, designed for use as a text-book and a work of reference. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy, and late Lecturer on the Diseases of the Genito-urinary organs, and on Minor Surgery in the Medical Department of the University of the City of New York; late Surgeon to the NortL-ern and Northwestern Dispensaries; author of a "Practical Treatise on Surgical Diagnosis," "The Essentials of Anatomy," etc., etc., with numerous illustrations.

"The greatest thing a human soul ever does in this world is to see something, and tell what he saw in a plain way. Hundreds of people can talk for one that can think, but thousands can think for one who can see. To see clearly is poetry, prophecy and religion all in one."—*John Ruskin.*

New York: D. Appleton & Co. Detroit: Thorndike Nourse.

This volume comprises a course of lectures delivered by the author before the students of the Medical Department of the University of the City of New York, during the winter of 1880–81, and is presented to the public with but few alterations in the lectures as they were delivered. Lecture style is not always a pleasant reading one, yet is often a more forcible one, and ideas are conveyed to the reader and to the student with less circumlocution and more directness than if they were presented primarily with all the beauties of rhetoric in book form.

The substance of the book is comprised in four

parts. The first part discusses the Brain and all its component parts, and gives a general summary of its clinical and physiological aspects, with the clinical deductions of practical value.

Part II. treats of the Cranial Nerves and the clinical points pertaining to them.

Part III. treats of the Spinal Cord, its anatomical construction, functions and clinical bearings.

Part IV. discusses the Spinal Nerves, their subdivisions, points of escape, construction and relative size of their roots, the length and inclination of their roots, and general actions of nerve distribution.

From the above our readers will learn the scope of the book. It is sufficiently elementary for the use of the student, and at the same time a valuable aid to the general practitioner who has not time to review his anatomy and physiology when a practical matter is at stake. The book is well illustrated, and printed in Appleton's firstclass style, with a full index. It is practical, and worthy of a place in any medical library and should be in every student's possession. We cordially commend it to the profession.

CLINICAL LECTURES ON THE DISEASES OF OLD AGE.

By J. M. Charcot, M. D., Professor in the Faculty of Medicine of Paris; Physician to Salpétriére; Member of the Academy of Medicine; of the Clinical Society of London; of the Clinical Society of Buda-Pesth; of the Society of Natural Sciences, Brussels; President of the Anatomical Society, etc., etc. Translated by Leigh H. Hunt, B. Sc., M. D., Laboratory Instructor in Pathology in the Medical Department of the University of the City of New York. With additional Lectures by Alfred Loomis, M. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York; Consulting Physician to the Charity Hospital; to the Bureau of Out-Door Relief; Visiting Physician to the Bellevue Hospital; to the Mount Sinai Hospital etc., etc.
New York: Wm. Wood & Co., 1881.

COULSON ON DISEASES OF THE BLADDER AND PROSTATE GLAND.

Sixth Edition. Revised by Walter J. Coulson, F. R. C. S., Surgeon to St. Peter's Hospital, etc., and Surgeon to the Lock Hospital.
New York: Wm. Wood & Co., 1881.

GENERAL MEDICAL CHEMISTRY FOR THE USE OF PRACTITIONERS OF MEDICINE.

By R. A. Witthaus, A. M., M. D., Professor of Chemistry and Toxicology in the Medical Department of the University of Vermont; Professor of Physiological Chemistry in the Medical Department of the University of the City of New York; Member of the Chemical Societies of Paris and Berlin; Fellow of the New York Academy of Medicine, and of the American Academy of Medicine, etc., etc.
New York: Wm. Wood & Co., 1881. Detroit: Thorndike Nourse.

These volumes are June, July and August series of Wood's library of standard medical authors. The writings of Prof. Charcot in Paris, and Prof. Loomis in New York, are so well known to the professional medical world as to require no endorsement from us, or even an introduction.

The idea of the work is contained in the first introductory sentence, viz.: "To acquaint the student (or reader) with the general characteristics that distinguish the pathology of old age from that of adults, and to fix the attention on some of those diseases which are now especially met with in asylums reserved for the aged."

Coulson, on the Diseases of the Bladder and Prostate Gland, 23 years ago was considered the highest authority on the subject upon which it treated. No edition has since been issued until the present. In revising and re-writing it, numerous alterations have been deemed necessary. The chapter on the chemistry of the urine, with which former editions commenced, has been omitted in this, as the subject has become too extensive for such a work as this. The importance of the preventive treatment of calculus being now fully recognized, an attempt has been made to give as complete an account as possible of the causes under which it takes place. Special attention is given to Lithotrity, and our own countryman, Dr. Bigelow, of Boston, receives full credit and endorsement of what is now called rapid Lithotrity. The old system is also given, in order that the reader may compare the difference. We are glad to see this valuable work again before the medical reading public. To obtain it, however, requires the purchase of the complete set for 1881.

General Medical Chemistry, by Witthaus, constitutes the August number of the same series for 1881.

"In the arrangement of this work the author has deemed it advisable to depart in certain points from the methods usually followed in chemical text books. Those portions treating of technical processes have been condensed to a minimum, while the bearings of chemistry upon physiology, hygiene, therapeutics and toxicology have been treated as fully as the limits of the work have permitted."

The size of the volume being limited, the author has abstained from introducing illustrations, believing the space could be better occupied. Of course, such books are hard reading, but to those of our readers who are chemically inclined, it is a valuable book.

We have only one exception to take, viz., that all weights and measures are given in the metric system, and temperatures in degrees of the centegrade scale. In this the author has made a great mistake, as not one of the subscribers to the library series in ten, or even twenty has any knowledge of the system, or even time to throw away in practising it. The American physicians have not adopted it, and from present indications will continue satisfied with the system so long used by the English speaking world. We are sorry for the value of the book that the change has been made in the system of notation. These three volumes are valuable additions to the library series.

A SYSTEM OF SURGERY.

Theoretical and Practical. In treatises by various authors. Edited by T. Holmes, M. A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital, Member and Correspondent de la Société de Chirurgie de Paris.
First American, from second English edition, thoroughly revised and much enlarged. By John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospital, Philadelphia. Assisted by a large corps of the most eminent American surgeons.
In 3 volumes, with many illustrations. Vol. I.—General Pathology, Morbid Processes, Injuries in General, Complications of Injuries, Surgery of Regions.
Philadelphia: Henry C Lea's Sons & Co., 1881.

Ten years have now elapsed since the public a

tion of the second edition of this great surgical work in England. We write great, because no other work has appeared since that of Velpeau, by Blackman, that is its equal. True, Agnew's Surgery as an American work, though not yet completed, may be better for the American surgeon. Nevertheless, Holmes' System of Surgery, under the supervision of the distinguished surgeon, Dr. Packard, has been brought up to the times. The comments or additions made by the editor in Vol. I. have been simply interpolated, inclosed in brackets. The text of the last English edition has been reproduced unaltered and unabridged, with two exceptions, viz., the article on the Diseases of the Skin, and that on Affections of the Absorbent System. These alterations will be found in a succeeding volume.

The English edition was issued in five volumes. The present edition will consist of three volumes, printed in double columns, of over 1,000 pages in a volume. Each one will have a full index, and at the conclusion of the whole work a more general one. The reader will find the labor of reference to any special point greatly facilitated.

The illustrations of the original work have been almost, without exception, reproduced, and a very large number have been added. In looking over the present volume, we find that some articles have received no addition from their editors, while others have received copious annotations.

This great work needs no eulogium from us. It is well known to the American surgeon. The publishers have sent it out printed in clear type on excellent paper, and handsomely bound. In half Russia, price, $7.50; in leather, $7; and in cloth, $6 per volume. Vol. II. will soon follow.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE CHEST, THROAT, AND NASAL CAVITIES.

By E. Fletcher Ingals, A. M., M. D., Lecturer on Diseses of the Chest and Physical Diagnosis, and on Laryngology in the post graduate course, Rush Medical College; Clinical Professor of Diseases of the Throat and Chest, Woman's Medical College; Physician and Surgeon for the Throat and Chest Central Free Dispensary, Chicago. With 135 illustrations. New York: Wm. Wood & Co. Detroit: T. Nourse. Cloth, $1.

It would stem that there would be no necessity for another work of his kind since that of McKenzie on nearly or precisely the same subjects. The division of the profession into so many specialties tends, however, to the making of books, as each one must be represented. The great difficulty in writers on special subjects is their tendency to diffusibility, and hence they lap over, and their books contain much that has been fully known before. The work before us contains little that is new. The author's method of doing and seeing what others have done and seen differs somewhat, yet not in the essentials, and had McKenzie not written his book, we should say it was the best work extant on the subject upon which it treats Of the 424 pages which constitute the book, 253 are given to the diseases of the chest, and in them we find a great similarity to the course of lectures delivered on the same subject by the late John A. Sweet, M. D., in the New York Hospital, and published by the Appletons in 1852, and we must own but few new facts have been added to what is contained in that valuable book, since its publication. The balance of the book is devoted to the throat and nasal passages, and seems sufficient to cover all that is known of the special diseases of these organs. Sweet, on the Diseases of the Chest, being out of print, as this author covers the ground satisfactorily, we recommend it to the profession, and the student of medicine particularly.

A MANUAL OF HISTOLOGY.

Edited and prepared by Thomas E. Satterthwaite, M.D., of New York, President of the New York Pathological Society, Pathologist to the St. Luke's and Presbyterian Hospitals, etc., etc. In association with Drs. Thomas Dwight, J. Collins Warren Wm. F. Whitney, Clarence J. Blake and C. H. Williams, of Boston; Dr. Henry C. Simes, of Philadelphia; Dr. Benjamin F. Westbrook, of Brooklyn; and Drs. Edmund C. Wendt, Abraham Meyer, R. W. Amidon, A. R. Robinson, W. R. Birdsall, D. Bryson Delevan, C. L. Dana and W. H. Porter, of New York City. With 198 illustrations.
New York: Wm. Wood & Co., 1881. Detroit: Thorndyke Nourse. In vellum cloth, price $4.50.

This is an American book emanating from American sources. Due acknowledgment is made for the researches and knowledge obtained from foreign investigators. The first chapters are devoted to the mechanism of the microscope, and to certain formal methods of work with which the beginner should be familiar, and is written by the editor; the remainder is written by the distinguished gentlemen whose names are given above. Works on Histology have heretofore been either too brief, as those of Rutherford & Schaefer, or they have been too complex and expanded, as those of Klein & Smith, Stricker or Frey, for the use of the student. The present volume is a happy medium, concise and instructive, not omitting any information or fact, and presents to the student all that is known on the subject in such a manner as to be read and remembered. Many of the illustrations were prepared for the volume; others have never, it is believed, appeared in book form, while the remainder are mostly from the manuals of Stricker and Frey. The editor regrets want of sufficient time to prepare more original illustrations. The text is interspersed throughout with matters of physiological and pathological import, which renders it still more valuable to the student and reader. We commend it to the teachers of histology in our colleges as a fitting class book, one to be studied, and not as one for reference; also to the student of medicine as containing all the information he requires during his pupilage, and to the practising physician and surgeon as giving him all that is new on the subject in a concise and intelligent form. This volume and the one preceeding are issued in the Messrs. Trow & Co.'s best style, both as regards printing, paper and binding.

ATLAS OF GYNECOLOGY AND OBSTETRICS.

Edited by Dr. A. Marvin, Professor of Gynecology at the University of Berlin. Containing 475 black and 37 colored engravings, from the original designs of Beigel, Virchow, Hyrtl, Kilian, Naegele, Schroeder, Rokitansky, Spiegelburg, Diss, Veit, Pole, Otto, Hille, Hope, Ruge, Lotze, Coste, Jewell, Hunter, Smellie, Duncan, VonHoffman, Cruveilhier, and 69 others of leading German minds. Supplemented by numerous illustrations from J. P. Maygrier's Nouvelles Demonstrations D'Accouchments.
A. E. Wilde & Co., Publishers, Cincinnati, Ohio. Agents—Detroit: Moody & Smart, 120 Griswold Street.

In this undertaking the publishers aim to meet a necessary want, *i. e.*, a series of plates completely illustrating the important subjects of obstetrics and the diseases of women.

The price is merely nominal when the heavy expense incurred is taken into consideration, containing as it does upwards of 500 illustrations, both colored and plain. The object is to place it within the reach of all physicians and students, as only by a large sale can they expect a return for the heavy outlay.

The atlas will be published in 15 parts, each part containing four elegant plates and four pages of explanatory text. The text is so arranged as to be on the opposite side to the plates. The price of each part is $1, for the whole series $15. No subscription will be received for less than the entire work. Two sets of these plates are before us, and we have given them a careful examination, and with the explanatory text we must say they are a valuable addition to the means of information, both for the student and those members of the profession who have not had the observation and experience of a woman's hospital. To such we cordially commend it. Indeed, the work is a valuable addition to any medical man's library.

THE COMPEND OF ANATOMY.

For use in the Dissecting Room and in preparing for Examinations. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, Demonstrator of Anatomy in the Philadelphia Dental College, Recorder of the Philadelphia Academy of Surgery, etc., etc.
Second edition revised. Philadelphia: C. C. Roberts & Co., 1881.

The little book before us is doubtless very good of its kind, and as far as our time has allowed us to examine it, very correct. However, there is in the description of the attachment of muscles and their origin, quite a similarity to the description in Leonard's Pocket Anatomist. Nor is this to be wondered at. Great minds are, we believe, more apt to clash when they write these little books, especially when they are all founded on "Gray." The author makes no claims to its being a treatise on anatomy, but he considers it a very concise abridgment.

INDEX-CATALOGUE

Of the Library of the Surgeon-General's Office, United States Army, Authors and Subjects, Vol. II., Berlioz-Cholas.
Washington: Government Printing Office, 1881.

This volume includes 12,459 author titles, representing 4,934 volumes and 9,810 pamphlets. It also includes 11,550 subject-titles of separate books and pamphlets, and 37,310 titles of articles in periodicals.

The editor, Dr. J. S. Billings, U. S. A., cannot be too highly commended for the pains taken and labor performed in its compilation. Other volumes will follow in course, increasing its value as they are issued.

Pamphlets Received.

Transactions of the Mississippi State Medical Association, held at Winona, April, 1881, 14th Annual Session. Dr. B. F. Ward, of Winona, was elected President; Dr. Wirt Johnson, of Jackson, was elected Secretary. The proceedings show a full meeting, and a lively interest in professional matters.

Minutes of the State Medical Society of Arkansas, at the Sixth Annual Session in Little Rock, April 27th, 1881. Officers for 1881-2: R. G. Jennings, M. D., President, Little Rock; L. B. Gibson, M. D., Secretary, Little Rock.

Dangers and Duties of the Hour, by Wm. Goodell. A. M., M. D. Reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland. Baltimore. Compliments of the author.

The American College Association. Fifth Annual Session, held at Richmond, Va., May 2nd-4th, 1881. Compliments of the Secretary, Dr. Conner, Detroit, Mich.

Appleton's Journal for October is on our table. Saints and Sinners (Noirs et Rouges) from the French of Victor Cherbulez, in six parts. Part 5th—This is a most interesting tale, each part is worth the cost of the number to read. The rest of the number is full of interesting and instructive matter. Single numnumbers, 25 cents each; yearly subscription, $3. D. Appleton & Co., New York City.

The Atlantic Monthly for October is received. "Dr. Breen's Practice," Chapters VII. and VIII., by W. D. Howells. This exceedingly interesting story continues to interest the reader, and maintains its character. The only fault we find is the Homœopathic character of the dose. Two chapters are not sufficient. The other articles maintain the reputation of the Atlantic. Houghton, Mifflin & Co., Boston, Mass. Single numbers, 35 cents; yearly, $4.

Portrait of Garfield. Size of sheet, 19x24, with his autograph, acknowledged by himself to be the best likeness in existence. $7 per 100. Single copies, 25 cents. Copy of autograph letter given with each picture. Address, Shober & Carqueville Litho. Co., 119 Monroe St., Chicago.

Announcements Received.

Atlanta Medical College. Annual Announcement Session, 1881-2, Atlanta, Georgia.—Medico-Chirurgical College of Philadelphia, Session of 1881-2.—Long Island College Hospital, 23d Annual Session, Brooklyn, New York, 1881-2.

Therapeutic Progress.

THERAPEUTIC ACTION OF ERGOT.—But the first and for many years the only therapeutic action claimed for ergot was its peculiar power on the impregnated uterus. Although this action was well known for many years before, and I have no doubt had been used by the doctors and midwives for the purpose of inducing labor pains, in this country as well as in France, Germany and other parts of Europe, the first publication of its medical properties was a letter written by Dr. Stearns, of Saratoga County, New York, to Dr. Ackerly, in the year 1807, and published in the eleventh volume of the New York Medical Repository.

Thus, you see that to America belongs the honor of introducing to the medical world this important drug.

The action of ergot upon the impregnated uterus is not like the action of the natural contractions, for they are almost always of an intermittent character, while the effect of ergot is constant contraction. In its early history the medical journals teemed with communications lauding its great powers over the uterus, and so many extravagant

statements were published that many were induced to use it for purposes over which it had but little or no power, and, of course, all these experimenters were greatly disappointed in its action, and soon quite a respectable class of the profession was led to doubt its therapeutical properties, its action, and a very respectable class of medical men doubted its power to even effect contraction of the impregnated uterus.

Bear in mind the fact that at this date nothing was thought of ergot as a medicine except for its power to contract the impregnated uterus.

In those days medical students who were candidates for graduation were required to write what was called a thesis on some medical subject; and I being a candidate for graduation chose the subject of ergot for my thesis. And being, in my own estimation, at least, already a pretty great man in the medical world, and feeling that my thesis would not attract more than ordinary attention unless I could present some physiological tests of the action of the drug, I at once proceeded to experiment with five pregnant sows, belonging to my father, and without his knowledge or consent. Well, I think I gave each hog about one ounce three times a day for twenty days. At the end of that time one of them, which from my recollection was five weeks pregnant, laid down and died; and another one of them seven weeks gone in pregnancy, showed signs of following to the same termination, but in a few days aborted five dead pigs, while the other three drooped for some time, but finally one was safely delivered of a nice litter of pigs a few days before full term, and the others went to the proper time and gave us a full litter, each sow having three still-born pigs. Now, I must say that if my father had not taken it into his head that something was wrong in the feeding of the hogs (which he had given up to me) I could possibly have had some facts that might have astounded the medical world and immortalized your humble servant. But the old gent. concluded that he would do the feeding himself, which action terminated my physiological experiments rather abruptly; but, nevertheless I had some facts for my thesis, and after many days of hard work and study it was duly finished and presented to the faculty.

At my examination in the green room, I was at first much pleased as the professor remarked: "Well, sir, your thesis was on ergot, a subject of great importance to the chair of obstetrics, and you have been experimenting, I see." "Yes sir," said I, thinking I had struck the professor with some force. "And," said he with a twinkle in his eye, "I am now satisfied that ergot is not a safe feed for hogs." To say that I was surprised and even shocked to such a degree as to forever check my ambition for experimenting on the inferior animals, is only saying the truth. As you are all as familiar as myself with this property of ergot, I will say nothing more, but hasten to give you my experience of ergot in most of the diseases for which it has in the last few years been so successfully used by late investigators, and thus call your attention to the profound ignorance of the profession thirty years ago to the many medical qualities of this drug which now ranks as one of the most important and effective medicines in use. It is strange to think what a number of years medical men handled and used this drug without a thought of any other action in its composition than that of a uterine stimulant. But we are thankful that, by the spirit of investigation and experimental works of the present day, we are now far advanced in the knowledge of probably most of the peculiar medicinal properties of this drug. First, it may be used in the hemorrhagic diathesis in conjunction with other remedies with satisfactory results.

A lack of tonicity and relaxed condition of vessels and fibers, is the condition in which it can most satisfactorily be used. In epistaxis,hemoptysis, hematemisis or any hemorrhage which may fill the stomach with blood, the medicine should be used hypodermically, from the fact that when the stomach is filled with blood, or other substance, it is almost impossible for the medicine to be absorbed into the circulation sufficiently soon to give prompt action.

In the above disease the hypodermic use of the drug is the most prompt and certain of all remedies. This drug has been used and much praised by Dr. Hunt, Physician to the Woolverhampton Hospital, in diabetes mellitus.

He reports, in the London Practitioner, one case, in which the urine, after one month's use of remedy, was completely freed from sugar and the patient appaently cured.

This is not at all astonishing as it has been used by many practitioners with as great confidence for diabetes insipidus. And this would be the remedy indicated in the minds of all who consider that diabetes depends on a disorder of the vaso-motor system.

Ergot in hemorrhoids is frequently used; but for acute cases I deem it inadmissable, and only in one case have I used it, and in that case only to the advantage of checking the hemorrhage. Ergot is and should be used by practitioners to a much greater extent than is now the practice in enlargement of the heart and aneurisms.

There is no longer a doubt that in internal aneurisms, where surgery cannot avail this remedy, may often, with the use of proper adjuvants, do great good, and even occasionally cure. My experience with the drug in aneurism is limited to one case.

The patient, living in an adjoining county, I have had but one report from it; but that was favorable.

The modus operandi in these cases is probably as follows: The drug slows the action of the heart and causes such a degree of contraction of the arteries as to produce great increase of the blood pressure, whence it follows that the coagulation of the blood in the aneurismal sac is greatly hastened. It is quite probable that small aneurisms of the peripheral arteries may be cured in the way suggested by Langenbeck, to-wit: by the contraction of the unstriped muscular fibers in the vessels.

In menorrhagia, with lax or spongy uterus, chronic metritis, uterine fibroids and polypi of the uterus, by the use of this remedy, uterine contraction is set up, by which the growth is either compressed and extruded or the nutrient vessels are diminished so that the morbid growth is destroyed.

In some forms of dysmenorrhœa much benefit may be secured in certain cases. My experience with

this class of cases being very limited, I have no opinion. In acute inflammations of the conjunctiva and some other forms of ophthalmic disease, my experience is so slight that I will not trouble you with an opinion.

In incontinence of urine, caused by paralysis of the sphincter or the bladder, as frequently occurs in old persons, this is in my opinion the most reliable drug known. In the wards of the Soldiers' Home Hospital this trouble is so very often met that the remedy is tested frequently. Paralysis of the bladder is also often benefitted by its use. Dr. Bartholow, in his late work, says that the loss of the power of sexual intercourse from want of proper erections, which is due to enlargement of the dorsal veins of the penis, may be, and often is, completely cured by the hypodermic injection of this drug.

Of this statement of the Professor, I am inclined to think that the veins spoken of enlarge gradually with the wear and tear of years, and, like the menopause in the female, the change is nature's way of ending or abridging that passion in the male. And, in my opinion, unless these veins are found thus enlarged in young persons, the drug would be of little use; and so little am I impressed with the theory that I have never even thought of experimenting on my own person.*

Of mental diseases, which are supposed to depend on hyperæmia of the brain, it is indicated and is recommended by the best authors; but I have had no experience with the drug in this class of diseases; I have no opinion to express. Migrain, when depending on congestion of the brain, or meninges, may be used with confidence; and Dr. Kitchen uses it in almost all forms of headache. In epidemic cerebro-spinal meningitis and congestion of the spinal meninges and cord, more is looked for by advanced medical authors than from any other treatment. In spermatorrhœa it is used with great success by Dr. Bartholow.

Of diseases of the ailmentary canal, diarrhœa, and dysentery have been reported cured by this drug; but my experience with it in these diseases has been rather unfavorable.

I have used it in three cases of dysentery and one case of diarrhœa. In two of the dysentery cases there was slight improvement for a few days only, while the other case of dysentery and diarrhœa were not benefitted at all. In these cases I used the fluid extract in half drachm doses. And in conclusion allow me to call your attention to the action of this drug in prolapsus of the rectum.

That you will be convinced that its curative action in this disease alone is sufficient to distinguish it as one of the greatest discoveries of therapeutical advancement, I have no doubt.

This disease appears in two forms—the partial and complete. The first is simply a prolapsus of the mucous membrane of the gut, and to this is generally applied the term *prolapsus ani*. The second form, the protrusion of all the structures of the gut is given the name of prolapsus of the rectum. Now, this disease in children is an easily cured disease, while the reverse is the case in adults.

In children the rectum is straighter and more movable than in adults, and the sacrum less curved, and the contents of the abdomen more voluminous, thereby bearing more severely upon the anus and rectum during possible contraction of the abdominal muscles and diaphragm during defecation and straining

In children, in a large majority of cases, the only treatment required is perfect cleanliness by thorough washing of the bowel in cold water and afterwards returning it to the pelvic cavity, keeping the dejections soluble with proper food, if possible. If not practicable by diet only, then the use of gentle laxatives, and if the child should be of a feeble constitution, the use of tonics and such remedies and hygienic measures, as would relieve this condition, and if diarrhœa or dysentery should occur, of course the bowels must be restored to a healthy condition by proper treatment and careful and constant watching and immediate reduction of the protrusion will in a very great majority of cases restore the child to perfect health, so far as the prolapsus is concerned.

In addition to this, the common way of treating this disease in children, I have just seen in the last London Lancet, a report of three cases of prolapsus in children, which were cured after the ordinary treatment had failed, by the introduction into the rectum, after it is returned, of a suppository composed of fluid extract ergot in cocoa butter. One suppository being introduced and allowed to be absorbed after each protrusion of the bowel.

In adult cases the ordinary treatment where the exciting cause, being removed, and the prolapse returned, the patient may be left in the recumbent position with instructions to use mild laxatives or enemas, and to use the bed-pan while the bowels move. If in a few days he has no feeling of a return of the trouble he may get up and resume business.

But should it return afterwards, as it is likely to do, and it be found that hemorrhoids or polypi are present, then they should be removed and the parts returned as before. If this does not answer and the parts again protrude astringent enema and cauterization, potential and actual, and next the knife.

Now, if all this burning and cutting can be abolished, and the patient restored to the joys and pleasures of life, by a half dozen punctures of the magic hypodermic needle, charged with thirty to fifty drops of a solution of ergotine, then I say, we may consider this one of the greatest of the many discoveries in therapeutical improvement.

And to the poor suffering patient, who shudders at the surgeon's knife or the red-hot cautery, it is a merciful boon from bountiful providence.

In adults the predisposing causes are constitutional debility, want of tone in the sphincter muscles of the anus, and relaxation of the coats of the intestines.

Without these predisposing causes I cannot see how we could meet with a case of prolapse of the rectum.

The exciting cause may be diarrhœa, dysentery, hemorrhoids, or great irritation or inflammation of the bladder, or constipation.

*A smile occurred here. Sec'y.

A complete prolapsus of the rectum consists of an invagination of the lower bowel, the portion thus affected being at the same time propelled beyond the anal orifice to the extent of several inches, the part most frequently prolapsed being the lower part of the rectum; yet the middle or upper part of the rectum, and occasionally all these structures with a part of the sigmoid flexure, may be implicated in the tumor.

The annoyance and inconvenience of this disease differ greatly according to circumstances. The bowel may descend only slightly after defecation and be easily pushed back with the fingers, and will remain without further trouble until by another motion of the bowels and straining, it is again prolapsed, and returned as before. Or it may occur after every motion or strain, when the patient is in the erect position, forming a large, red, unsightly tumor exposed to friction, feeling sore and requiring great force and a recumbent position to get it back, and when returned it may give great pain and discomfort, and the gut may be constantly protruding, being fixed so as not to admit replacement.—*Cincinnati Lancet and Clinic.*

THERAPEUTICS OF THE TINCTURE FERRI CHLORIDI.—In this day of rage for new remedies and their physiological and therapeutical effects, I think it will not be unprofitable to bring afresh before the profession a review of the uses of that old and time-honored remedy, the muriate tincture of iron. In writing this communication, I shall not only give the views of late authorities, but also some opinions of its use based upon my own clinical experience.

Iron is, "in part, absorbed by the stomach, and also in part by the intestinal canal." The stools are changed to a black or brownish color, showing that it is not all absorbed. It is also "eliminated by the intestinal canal." Under the prolonged use of the tincture the feces become hard, forming a concretion that often accumulates in the rectum, producing an obstruction that may require mechanical assistance, the patient being unable to expel it by his own unaided efforts. During its prolonged administration an occasional cathartic or laxative is necessary to prevent such a difficulty. In catarrhal or inflammatory conditions of the stomach it is contraindicated, as it produces irritation. The same may be said of its use in intestinal inflammation during the acute stage. Where there is no intolerance to its presence in the stomach, it promotes the appetite and digestion. It increases the number of red corpuscles.

The tincture is very useful in the different forms of stomatitis, especially when the acute stage has passed and there seems to be some delay in recovery. It may be combined with chlorate of potash, or given alone diluted with glycerine according to the age and severity of the disease. In ulcerated or cankered sore mouth, it is extremely useful, diluted with glycerine or water and then applied with a mop or camel's hair pencil. It is also useful in the sore throat of scarlatina and simple pharyngitis, acute or chronic, diluted with water and used as a gargle, or, if necessary, applied in a more concentrated form with a brush. In diphtheritic sore throat it is eminently useful, and should not be neglected. In the most malignant forms it should be applied full strength every two or three hours until the membranes become loose, when they can be removed. In the milder forms it should be diluted with glycerine, equal parts or one to two. Where the throat is much swollen in the severer forms, and the liquids taken pass into the larynx, or regurgitate through the nostrils, its combination with glycerine lubricates the parts, keeping them moist and thus enabling the patient to swallow easier. The application should be made often, No one would think of treating either diphtheria or scarlatina in their malignant forms without giving iron internally in appropriate doses.

In dyspepsia, attended with anemia, where there is toleration, this form of iron is an extremely useful remedy. By its increasing the number of red corpuscles, and thus producing a greater amount of healthy blood which is necessary to healthy digestion, the patient is enabled to receive more food into his system. It is more than probable that the muriatic acid which the tincture contains is not an unimportant factor, it being a natural ingredient of the gastric juice.

In intestinal inflammation of children, when the acute stage is passed and there is no profuse mucous discharges with the odor of alkali or soap fat, it is extremely useful. It checks the discharge, tones up the general system, and often a speedy recovery follows. It is also useful in the last stage of dysentery, for the same purpose. It may may be used in the hemorrhage of the bowels and in the different forms of hemorrhage, as hematuria, hematemesis, hemoptysis, or epistaxis. I have found it to be a most efficient remedy in hemoptysis, notwithstanding some authors reject it. I can say the same in reference to all forms of hemorrhage from the urinary organs.

It is a very useful remedy in chronic laryngitis, bronchitis and pneumonitis, where there is profuse discharge of mucus; or in the acute forms where the acute stage has passed and there remains a catarrhal condition, with much purulent expectoration, tincture of iron will lessen the discharge and quiet the cough and thus bring the system back to its accustomed condition rapidly. In phthisis attended with profuse sweats, or in chronic pleurisy attended with the same, it is an admirable remedy. It is also efficient in the profuse perspiration following exhausting labors, given in doses of gtt. xx every three hours. In the exhausting sweats, attending deep seated abscesses and effusions, it is very useful.

It is useful in scrofulous diseases, and in that condition of the blood attended with boils and carbuncles, etc. It is useful also in the different forms of erysipelas internally and externally. In the acute rheumatism of anemic persons it may be used with good success, given in doses of gtt. xx to xxx every four hours. It "diminishes the pain, fever and sweats, lessens the chances of cardiac mischief and hastens convalescence." It may be used as a prophylactic in this disease. In chronic malarial poisoning it is useful after the congestions and enlargement of the spleen and liver are removed.

It may be given with good effect in chlorosis and in menstrual irregularities. In suppression

following exposure during menstruation, before inflammation sets in, large doses will establish the flow. If given during the during the inter-menstrual period, after inflammation following suppression has passed, it will bring on the flow. It is useful also in retarded menstruation of young and anemic girs, combined with aloes.

It is also useful in leucorrhœa as an injection, in the strength of ʒij to ʒjv to the quart of water, as also as an application in chronic cervical endometritis, and in gleet or chronic prostatitis in doses of gtt. xx after meals. In spermatorrhea, induced by urethral irritation, it is eminently useful.

Of the different forms of kidney disease, in which it is found useful, may be mentioned acute desquamative nephritis, especially in the latter stages, and also in chronic albuminuria, having its useful effects in these diseases on the tubuli uriniferi, tending to bring about a healthy condition of the epithelial lining of these tubes which is essentially necessary to healthful action. It is useful also in chronic suppurative pyelitis. It is recommended in fatty degeneration of the heart, and also in palpitations produced by anemia, and in "dilatation of the cavities of the heart, especially of the right, accompanied with cough, difficult breathing and general dropsy."

It may be used with benefit in chorea where there is thin blood, especially in those cases of a rheumatic tendency. It is a useful remedy in all forms of nervous trouble, as insanity, epilepsy, hysteria, and is generally indicated in neuralgia.

Where the acidulated tincture disagrees with the digestive organs, it may be given with good advantage in the shape of the elixir of gentian and iron, the acid being neutralized in this preparation. It is highly recommended in acute nasal catarrh as an abortive remedy given in ʒj doses every two or three hours. It is a very useful remedy in the preparation of the system for grave surgical operations, and should be given from two to four weeks before operating.

In pyemia and septicemia, following operations or child bed, it is indicated. It may be given as a prophylactic in conditions threatened with the above diseases.

In ascarides vermiculares, or thread worms infecting the rectum, the tincture diluted with water may be thrown in to destroy them.—Dr. Dumm in *Ohio Medical Record.*

On the Cure of Bright's Disease.—Prof. E. de Renzi, of Genoa (Virchow's Archiv. Bd. lxxx. p. 510), has within the past 2 or 3 years had a number of cases of Bright's disease under his care. In six of these it was possible to keep accurate notes of the quantity of urine, albumen, and the other principal symptoms, and at the same time to observe the effects of the various remedies used. For a certain number of days a given remedy was employed; then for another series of days another means of treatment was employed. Thus by a comparative method the influence of various methods of treatment could be studied. Some of the remedies were quite new, which lent additional interest to the investigation. The conclusions drawn by Renzi are as follows: 1. Chronic Bright's disease left untreated shows no improvement, and must be excluded from the category of diseases which occasionally terminate favorably without treatment. During the first days of treatment in the clinic, or when the treatment is suddenly broken of, the quantity of the albumen in the urine is increased. 2. Fuchsin, which has been recently brought forward as a remedy in Bright's disease, causes a marked diminution in the quantity of albumen. Renzi has used it under two forms, dissolved in water, or mixed with an indifferent extract of pills of two and a half centigrams. On account of the fact that the deep coloration of solution of fuchsin prejudices patients against it, the pill form appears to be the most convenient. 3. The daily dose of fuchsin may be made much larger than that heretofore prescribed. Renzi usually begins with a small dose, as 0.05, gradually increased to 0.25 within 24 hours. He has never observed any untoward physiological effect from the use of fuchsin. Depending upon the dose of fuchsin, the urine begins sooner or later to assume a red color, which it retains during the continuation of the treatment, and usually for five days after. 4. In Bright's disease the urine often shows mucus; fuchsin is particularly used in combating this condition, which it removes entirely. The mucus membrane of the digestive organs becomes deeply colored by fuchsin, and the plasma of the blood also becomes decidedly colored. Investigation shows this latter effect to be due not to any increase in hæmoglobin, but to the solution of fuchsin in the blood. 5. If fuchsin does not appear in the urine, this is the sign of an organic disturbance; and in this case it is of no use against the albuminuria. 6. Rest in bed is a valuable adjunct to treatment in Bright's disease, for the purpose of limiting the amount of albumen passed. In connection with milk diet, this plan caused the most considerable diminution of albumin. Renzi has often observed the unusual movements of the patient have an unfavorable tendency on the course of the disease. 7. Apomorphia is usually well borne, and Renzi has used it in doses of 5 to 6 centigrams without disagreeable effect. In one case this method alone served to improve materially the patient's condition.—*The Philadelphia Med. Times*, Dec. 4, 1880.

Facts about Pneumonia.—Dr. Edwin M. Snow, in his report for March, as City Registrar of Providence, R. I., discusses the subject of pneumonia, as it appears in that city and reaches the following conclusions:—

The consideration, thus far, of the subject of Pneumonia, justifies the following conclusions; always remembering that the conclusions are for the special latitude and special population of the city of Providence, and that they may, possibly, differ in some respects from those of other latitudes and other populations:—

First.—Of the total mortality from known causes the percentage of deaths from pneumonia is no greater and no less than it was twenty-five or even forty years since. There has been no perceptible change in this respect during this time.

Second.—The proportional mortality of males

from pneumonia is considerably greater than that of females. This conclusion might be modified by a comparison of the mortality, by sex, at different periods of life.

Third.—In proportion to the numbers of the living population, there is an excess of mortality from pneumonia among those of American parentage.

Fourth.—The mortality from pneumonia seems to be specially influenced by season and temperature, the number of deaths being least in August, when the temperature is highest; increasing with much uniformity until February, and then decreasing regularly until August. See the table for illustrations.

Fifth.—The debility of advanced life and the debility of infancy—age and want of age—seem to be the most important causes of death from pneumonia. Less than one fourth (23.75) of the living population is under five years and over fifty years of age; but this less than one-fourth of the population furnishes nearly three-fourths (72.66 per cent.) of all the deaths from pneumonia. More than three-fourths (76.25 per cent.) of the living population are between five and fifty years of age; but this more than three-fourths of the population furnishes only a little more than one-fourth (27.34 per cent.) of all the deaths from pneumonia.—*Med. and Surg. Reporter.*

The Treatment of Typhoid Fever.—In the Practitioner, March, 1881, Dr. F. A. McEwen, of Aberdeen, describes the plan which he pursued in an epidemic of typhoid fever, with very satisfactory results. It was as follows:—

In the great majority of the cases looseness of the bowels, with the characteristic evacuations, was present; but unless the diarrhœa continued distressing I generally allowed it to go on. When along with the looseness of the bowels there was restlessness and want of sleep, I found small, repeated doses of Dover's powder most beneficial in subduing the diarrhœa and inducing quiet repose. In a few of the cases, instead of looseness there was constipation with tympanitic distension. The constipation I never tried to obviate, and the bowels always acted in good time. One case in particular, where the patient remained ten days without having her bowels moved, made a very good recovery. During the whole time there was tympanitic distension, and a continual discharge of flatus; but at the end of the ten days the bowels were moved naturally. I confined my patients almost exclusively to milk, with a little lime-water or soda-water added. When the frequency of the pulse denoted great weakness of the circulation I gave from half an ounce to an ounce of good old Scotch whisky, three or four times a day; and the administration of this stimulant I invariably found to have a strengthening effect upon the action of the heart. Sponging the body once or twice a day with tepid water was agreeable and refreshing to the patients, and was generally followed by a sense of comfort. When at all practicable I saw my cases twice a day; and in the absence of intelligent nurses I set myself to teach nursing, practically and theoretically, to the best of my ability, to those about the sick.—*Med. and Surg. Reporter.*

The Treatment of Phosphatic Diabetes.—At the close of an article in the Lancet, March 19th, on this form of disease, Dr. C. H. Ralfe says:—

With regard to the treatment of the form of disease under consideration, the main indications are rest and endeavor to promote nutrition generally. To attain this end opium or codeia should be given in full doses, when the patient first comes under observation. As soon, however, as the nervous system is quieted, and the rheumatic and neuralgic pains are less severe, it should be discontinued, lest it interfere with digestion. General tonics, such as iron, quinine, nux vomica, hydrochloric acid, and cod-liver oil should be persevered with. When there is a history of syphilis iodide of potassium should be combined with these remedies. Warm baths, followed by tepid douches, give great relief to the neuralgic pains, and also soothe the nervous system. The soluble phosphates may be administered, but their utility in these cases is questionable. There appears to be no lack of these constituents in the system; the difficulty seems rather to lie in the want of power of the tissues to retain them. The food should be light and nutritious, and milk one of the chief constituents. Alcohol should be avoided; it invariably, even in small quantities, increases the diuresis. The same may be said of coffee. Change to dry, bracing air should be obtained, if possible. The clothing should be warm, and the patient carefully guarded against cold, since in these cases a reduction of bodily temperature is always noted. When, in spite of the pursuance of these therapeutic and hygienic conditions, the diuresis and excretion of phosphoric acid continues, though the general condition of the patient may temporarily improve, there is reason to fear that phthisis will supervene, or that the disease may assume the features of saccharine diabetes.—*Med. and Surg. Reporter.*

On the Indications for the Treatment of Naso-Pharyngeal Catarrh.—On this subject Dr. Andrew H. Smith expresses himself in the New York Medical Record, August 6th, 1881, as follows:—

First.—Keep the parts clean.

Second.—Remove all sources of irritation resulting from occupation residence, climate, etc.

Third.—Enforce attention to hygiene and to the general health.

Fourth.—If there is obstruction to nasal breathing, remove the obstruction.

Fifth.—If there is ulceration, use strictly local applications, with a view to healing.

Sixth.—If there is hypertrophied glandular structure, yielding excessive secretion, remove the hypertrophied portion.

Seventh.—If, after the above indications have been fulfilled, there is still hyperæmia, use mild astringents and sedatives, and such constitutional treatment as is thought to be indicated.

Eighth.—Cease treatment the moment there is no longer a definite indication for it.—*Med. and Surg. Reporter.*

New Remedies.

THE STIGMATA OF MAIZE IN PYELITIS AND CYSTITIS.—In the January number of the Medical News and Abstract appeared a synopsis of a paper by Dr. Dufau, entitled "The Stigma of Maize in Diseases of the Bladder," in which the value of this new drug in the treatment of cystitis, gravel, and other affections of the bladder was so highly extolled that I determined to give it a fair trial; but failing to secure either of the preparations recommended the attempt was not made until late in February, 1881. Subsequently to the above publication, Dr. Vaulthier communicated, in the August number of the Archives Med. Belges. the favorable results of his experience with the same drug in the treatment of "all the affections of the bladder, whether recent or chronic."

My first trial of the drug was in the following case of pyelitis. The gentleman had during the two preceding years several attacks of renal colic. The last attack occurred in September, 1880, and was followed by continuous and increasing ill-health, the symptoms of which referred to some disturbance of the genito-urinary apparatus, but were indefinite. He occasionally sought medical advice but did not submit to regular and systematic treatment until the latter part of October. The progress of the case is fully exhibited by the various analyses of the urine, by Dr. G. N. Acker, which will be given in the order of date.

"October 19, 1880.—Sp. grav., 1015; reaction, acid; albumen, small quantity; sediment heavy and white; numerous leucocytes; few red blood-corpuscles; epithelium from kidneys, tubes, and pelvis; few from bladder; no casts or crystals."

From the above date he was under constant observation and treatment, but attended regularly to his business, which was laborious and active. There was no improvement. The second analysis shows a marked aggravation of the disease.

Analysis, December 7, 1880.—Sp. grav., 1015; reaction, neutral; albumen, one eighth; numerous leucocytes, some with large nuclei; young epithelial cells; some red blood-corpuscles; epithelium from pelvis of kidney, ureters and bladder; no casts.

After this date he was treated with tannic acid, after the method of Traube, with rectal suppositories of opium and belladonna to allay pain and frequency of micturition, which deprived him of the necessary sleep. His diet was regulated, and though permitted to go daily to his place of business, he was admonished that exercise was detrimental.

"*Analysis*, February 5, 1881.—Sp. grav., 1017; reaction, acid; albumen, one-eighth; sediment, heavy, white; not much coloring matter; sediment composed of leucocytes, urethral, pelvic, and bladder epithelium; a few red blood-corpuscles."

Two months' treatment with tannic acid had failed to produce any beneficial effect; in fact, the analysis indicates a less favorable condition. The amount of sediment had increased. The acid treatment was continued, and an infusion in wineglassful doses every four hours of uva ursi one ounce and lupulin one-half ounce to the pint of water, was added. On the night of February 17th he had a copious hemorrhage. The next day he was ordered to bed. Treatment suspended. I had determined to try the stigma of maize, and was awaiting its arrival.

"*Analysis*, February 21, 1881.—Color, light yellow; sp. grav., 1020; reaction, acid; albumen, large quantity; phosphates and chlorides, normal; heavy white sediment; leucocytes, in large quantity; some red blood-corpuscles; large amount of vesical, urethral, and pelvic epithelium."

On February 22d. the treatment with the fluid extract of the stigma of maize was commenced, at first in doses of one drachm every six hours, then four hours, and, finally, after several days' use without any observable effect, every two hours. The quantity of urine increased and ran up to sixty-four ounces a day. The amount of sediment diminished, and micturition became less frequent. The following analysis shows a marked improvement:

"*Analysis*, March 8, 1881.—Sp. grav., 1020; reaction, acid: albumen, small quantity; chlorides, diminished; phosphates, normal; sediment, one-tenth; numerous leucocytes, very few red blood-corpuscles, epithelium from pelvis of kidneys and bladder diminished; crystals of uric acid, oxalate of lime, and triple-phosphates."

With occasional variations in the frequency of the dose of the maize, the treatment was continued. The interval between the doses was increased when the amount of urine passed was excessive.

"*Analysis*, April 4, 1181.—Sp. grav., 1015; reaction, acid; albumen, small quantity; urates, small quantity; phosphates, normal; few leucocytes, very few red blood-corpuscles, epithelium from pelvis of kidney and bladder greatly diminished. In an eight ounce vial of pale yellow urine the white sediment barely covered the bottom of the bottle."

The decided improvement since the 22d of February may have been due as much to the rest in bed as to the stigma of maize. He appeared so nearly well that I allowed him to leave his bed and sit up on the 8th of April, and for several days he continued to improve. On Thursday, 14th inst., he complained of intense pain immediately preceding defecation, deeply seated in the perineum, which he ascribes to "the piles." The pain was continuous when in the sitting posture. Micturition was very frequent and accompanied with a scalding sensation along the course of the urethra, which continued, gradually subsiding, for about ten minutes after each evacuation of the bladder. A rectal examination disclosed an acute prostatitis. He was again put to bed. Leeches were applied to the perineum, followed by hot fomentations and a hot sitz-bath morning and night. At this date, April 20th, he seems to be doing well. The urine remained unchanged, apparently, from the analysis of the 4th inst. During the entire course of the disease his bowels had been kept in a laxative condition, sometimes employing alkaline waters, at other times the formula known as Chelsea Pensioner.

A few days after the hemorrhage on the night of February 17th, he was seized with orchitis attacking the right testicle, and there remains,

even yet, sufficient evidence of its effect to mar the symmetry of these organs.

The second case in which the drug was employed occurred in a lady suffering with cancer of uterus. The vesical irritation and tenesmus were so constant that the poor patient could not sleep, notwithstanding the large doses of morphia which were taken at regular intervals to relieve pain. Her urine was densely loaded with mucous and pus. She was entirely relieve after several days' use of the fluid extract. Previous to its administration I had tried various remedies remedies which I had been accustomed to use in such cases, without any lasting effect.

The third case was a lady who, for a year previous, had suffered with vesical irritation and frequent micturition. The analysis of her urine exhibited the following condition:

"Sp. grav., 1027; reaction, very acid; albumen, small quantity; color, yellow; sediment, red in color; urates, increased; numerous leucocytes; numerous uric acid crystals; bladder epithelium in large quantity."

She was entirely relieved, and continued well for about a month, when there was slight return of the symptoms. The medicine was resumed.

Case fourth occurred in a young lady who, for several years, had suffered from frequent and painful micturition. The pain was sometimes so intense as to cause her to scream.

"*Analysis of urine.*—Color, straw clear; sp. grav., 1037; reaction, very acid; albumen, none; urates, increased; sediment, composed of urates, mucous and epithelium, urate and oxalate of lime crystals; vaginal and bladder epithelium in large quantities, mucus."

She was greatly improved after a moderate use of the drug, and, probably, would have been entirely cured if the treatment had been continued. But, as so frequently happens with young girls, as soon as the intense suffering was relieved, the treatment was abandoned. She is again under treatment:

The foregoing cases were all under treatment at at the time of obtaining the drug, but with intermitting and partial success. Since, the two following cases have been treated with the same drug:

One was a lady who had suffered for and indefinite time with subinvolution of uterus, metrorrhagia, and laceration of the cervix. She represented that the desire to "pass water" was so frequent during the sleeping hours that it was impossible to secure a quiet night's rest. Her statement was, that the night previous to my first visit she had been compelled to get up every half-hour, passing at each time a very small quantity. She was entirely relieved. A week afterwards there was a slight return, which yielded again to a few doses.

The second case was a lady, who stated that she had suffered for two years with "congestion of the right ovary," and had been treated for that affection by various external lotions, and the internal administration of anodynes. I failed to recognize any enlargement or tenderness of the ovary, but did discover a retroflexion of the womb. She described a pain which recurred every night after having retired, accompanied with a desire to evacuate her bladder. The pain was felt along the course of the right ureter. She was compelled to empty her bladder every hour during the night, but not so often during the day. In this case the relief was not so prompt as in the preceding, but there was a gradual abatement of the vesical irritation and frequency of micturition. In addition to the use of stigma of maize, the womb was adjusted, and retained in position by pledgets of absorbent cotton, saturated with carbolized glycerine.

All these cases exhibited the beneficial effects of the drug, but I am not prepared to assert its curative influence with the confidence of Dufau and Vaulthier. It is a certain but mild diuretic, when given in full doses at short intervals.—Dr. Busey in *New York Medical Record.*

MYRTUS CHEKAN.*—A considerable quantity of the leaves of this plant having recently been imported with a view to their trial by the medical profession in this country, it occurred to me that a summary of the facts known concerning the plant might be not altogether without interest to the members of this Society at the present time.

Myrtus Chekan, Spreng., is an evergreen shrub, from 4 to 6 feet high, indigenous to the central provinces of Chili, where it grows abundantly, forming a kind of underwood in all the quebradas or ravines which follow the course of the small streams. In general character the plant bears a strong resemblance to the common myrtle (*Myrtus communis*); it is much branched, the leaves are evergreen, opposite, entire and smooth, oval, lanceolate in shape, from one-half to two-thirds of an inch long and about half as broad and tapering towards either end, the largest leaves not being more than one inch long and eight lines broad. The flowers are white and resemble those of the myrtle in appearance, and are solitary in the axils of the upper leaves; when these leaves fall off, as they sometimes do, the flowers have the appearance of being arranged in terminal racemes or cymes, and have been thus described by some authors.

The plant is not altogether unknown in this country, having been introduced, it is believed, by Messrs. Veitch and Sons as early as 1862, and a figure of the plant from a specimen which flowered at Kew was published in the Botanical Magazine in July, 1866, sub. 5644. The flowers differ from those of the common myrtle in having only four petals, which are more rounded, and, as well as the sepals, ciliate at the margin. The leaves also are shorter and broader in proportion than in those of the myrtle.

As now offered in commerce chekan leaves present the following characters. The leaves vary from one-half to one inch long by one-quarter to one-half inch broad; they are oval-lanceolate in outline, are furnished with a very short stalk less than one line long, are of a clear green color, scarcely paler on the under side, a little depressed above the midrib, and slightly rolled back at the edges by drying; the veins of the leaves are scarcely visible on the upper side and only slightly so on the lower. Both surfaces of the leaves pre-

*Read at an Evening Meeting of the Pharmaceutical Society of Great Britian, Feb. 5, 1879.

sent a minutely wrinkled appearance. When held up to the light the leaves are seen to be dotted all over with minute oil glands. When chewed the leaves first produce in the mouth a peculiar taste resembling faintly that of bay leaves, in this case, however, followed by a pungency and slight bitterness due to the setting free of the essential oil; this taste is then succeeded by astringency.

At first sight chekan leaves present somewhat the appearance of the smaller kind of buchu leaves (*B. betulina*). From these, however, the odor and entire margin of the leaves easily distinguish them.

By some authors this plant has been placed in the genus Eugenia, which differs from Myrtus in little except the character of the seed. It is on this account now referred to the genus Myrtus. Under the name of chekan, chequen, or cheken, the plant has long been known and used in Chili in cases requiring an aromatic astringent of considerable power.

The leading physician in the German hospital at Valparaiso, Dr. Dessauer, speaks very highly of the value of Chekan. His attention, he states, was first drawn to the plant by the successful self-treatment by one of his patients in a case of purulent inflammation of the bronchial tubes. Dr. Dessauer then tried the chekan on members of his own family with equal success. He considers it to possess tonic, expectorant, diuretic, and antiseptic properties, and states that he has used it with great success in bronchitis, catarrh of the bladder, and other affections of the mucous membrane; also that it at the same time the digestion is improved.

Dr. Dessauer uses the leaves and shoots in the form of infusion, fluid extract, syrup, and inhalation. The infusion is made in the proportion of one part of the leaves to ten parts of boiling water. The fluid extract is prepared according to the process given in the United States Pharmacopœia for extractum cinchonæ fluidum. The syrup is made in the proportion of one part of the leaves to two of syrup. The dose of the fluid extract is two or three drachms four or five times a day. Dr. Dessauer recommends the syrup as being more aromatic and more easily given to children than the other preparations. The infusion he uses for injections, and the inhalation for sore throat and bronchitis. The taste of the syrup and fluid extract he describes as being much more palatable than those of the eucalyptus globulus, while equalling them in value. These are, however, not the only uses to which cheken has been put, for an old writer on the "Medicinal Plants of Chili,"* speaks of the plant being used in his day as a sovereign remedy for inflammation and other eye diseases. The juice of the leaves and young wood was expressed, and diluted with water, and used as an eye lotion. A decoction of the bark is stated by Don to have been used successfully in cases of dysentery.

Aromatic and astringent properties may be said to be common to nearly all the plants of the myrtle family, and it seemed to me necessary to inquire whether chekan leaves possess any properties equal or superior to those of the eucalyptus, and with this view I desired Mr. C. H. Hutchinson to submit the leaves to a preliminary chemical examination. This he has kindly done in the limited time at his disposal with the following results:—

"Since most of the preparations of chekan are of an aqueous character it appeared desirable to ascertain what substances are contained in an aqueous extract.

"A portion of the leaves were therefore exhausted with warm water, and solution of acetate of lead added. After the brownish-white precipitate which this reagent produced was no longer formed, solution of subacetate of lead was added, which produced a white precipitate. The two precipitates were then together decomposed by passing sulphuretted hydrogen through water holding them in suspension.

"The filtrate from the sulphide of lead thus formed was found to contain a kind of tannin, which since it gives blue-black color with ferric sulphate evidently belongs to the same group as gallo-tannic acid."

"Various reagents were then applied to the solution with the following results:—

"Ferric sulphate gives a deep blue-black color and a precipitate after standing for a short time.

"Ferrous sulphate gives a precipitate in a neutral solution, but not before the solution, which is naturally acid, has been neutralized. On warming after the addition of reduced iron, a deep purple colored liquid was produced.

"Sulphate of copper gives a precipitate only in the neutral solution.

"Tartar emetic causes a precipitation.

"Gelatin also gives a bulky precipitate.

"The solution from which the lead compound had been filtered showed no signs of tannin; it was tested for alkaloids with the ordinary reagents, which gave no precipitates, except phosphomolybdate of ammonium, which caused a green coloration changing to blue after the addition of ammonia, a precipitate falling at the same time. Ammonia also caused a precipitate in the solution to which none of the phosphomolybdic reagents had been added.

"The powerful odor of the leaves and the presence of oil glands in them led further to the supposition that they might contain a volatile oil. A protion of the leaves was therefore placed in a flask connected with a condenser and receiver and a current of steam was passed through them and into the receiver, where it condensed, carrying a few drops of oil with it, which floated on the surface. This oil produces a greasy stain on paper, which quickly disappears, thus proving its volatility at ordinary temperatures.

"It is soluble in chloroform, ether and ethylic and amylic alcohols and insoluble in water; these were the only solvents employed. It burns with a brilliant white flame.

"Its odor somewhat resembles that of oil of bays, a character which is also possessed by rectified oil of the common myrtle, with which oil of chekan also agrees in being lighter than water.

*Feuille Observ., vol. iii., p. 46.

Whether the two are identical or only closely allied it is impossible to say without further examination, which the limited amount of material and time at my disposal have hitherto prevented."

In connection with this subject, it is interesting to note that in a recent communication to a French journal, La Ruche Pharmaceutique, that M. Linarix attributes exactly the same properties to the oil of myrtle that Dr. Dessauer does to chekan leaves. It would therefore appear that an alcoholic solution would be a better preparation than either of those mentioned above, since alcohol dissolves both the essential oil and the tannin.—E. M. Holmes, F. L. S., in *Pharmaceutical Journal and Transactions.*

CHEKEN IN WINTER-COUGH.– A few months ago Messrs. Wyleys & Co., of Coventry, placed at the disposal of the staff of the Royal Hospital for Diseases of the Chest some liquid extract of cheken, and I was asked to give it a trial.

Cheken, or chekan, or chequen—for it is known by all three names—is an evergreen shrub, closely resembling our common myrtle, and it grows abundantly in the central provinces of Chili. It is usually said to belong to the genus Eugenia, but by some it is referred to the closely-allied genus Myrtus. The natural order Myrtaceæ contains many medicinal plants, as for example the clove (caryophyllus aromaticus), cajeput (melaleuca minor), pimento (eugenia pimenta), and the members of the Eucalyptus tribe. A good description of cheken, by Mr. Holmes, will be found in the Pharmaceutical Journal for February, 1879.

From a manuscript by Dr. Henry von Dessauer, of Valparaiso, I learn that he has used cheken for some years in the treatment of a number of widely different complaints. Thus as an inhalation he uses it in diphtheria, laryngitis, bronchitis, and bronchorrhœa, as an injection in certain affections of the mucous membranes, as gonorrhœa, leucorrhœa, cystitis, etc., whilst given internally, in the form of syrup or liquid extract, it is said to aid digestion, allay cough, facilitate expectoration, and stimulate the kidneys to action. It is also an astringent, and is found to be of especial service in threatened hæmoptysis. Dr. von Dessauer used it with marked success in more than a hundred cases of bronchitis and phthisis. For many years he was physician to a large convent school, many of the inmates of which suffered from consumption; hæmoptysis being of constant occurrence. During the two and a half years that he gave cheken in this establishment he had not a single death from phthisis, there were no fresh cases of hæmoptysis, and many of the patients who had had repeated attacks of bleeding from the lungs recovered and gained flesh and strength in a very marked manner. Equally good results were obtained by other physicians in Valparaiso and elsewhere.

The liquid extract of cheken is made according to the directions given in the United States Pharmacopœia for the preparation of fluid extracts, and corresponds in strength to the fluid extract of cinchona, etc.

I have notes of fifteen cases of chronic bronchitis in which I have employed cheken, all the patients, with one exception, being men. The age of the woman was 51; the ages of the men ranged from 36 to 58. They were all bad cases most of them of many years' duration. Many of them had been attending at the hospital for some considerable time, and almost without exception they had in former years undergone much medical treatment with comparatively little benefit. Their occupations exposed them to cold, and wet, and draught, and in some instances they had the additional disadvantage of working in a dusty atmosphere. They complained chiefly of paroxysmal cough, with thick yellow expectoration and much shortness of breath on exertion. On physical examination of the chest emphysema was detected, with or without a little rhonchus at the bases behind. They were, in fact, ordinary cases of winter-cough. The liquid extract of cheken was ordered in two-drachm doses in a little water every four hours, the dose being usually increased at the expiration of a week to half an ounce. The medicine was always taken without difficulty. In all cases the patients obtained some benefit, and in most instances the relief was very marked. There was in a few days a decided improvement in the cough, expectoration was from the first easier, and soon diminished in quantity, and finally the dyspnœa was less.

The following may be taken as an average case:—Mark R., æt. 40, has suffered from cough, "off and on," almost all his life. It is not so bad in the summer, but in the winter he "almost goes in fits with it." This winter he has "had it bad" for about three weeks, and is unable to follow his occupation as a packer. There is a great deal of expectoration—"thick and sticky." Sometimes it is streaked with blood, but only after violent coughing. He is very short of breath when he moves about, but not when he is quiet and is not coughing. The cough is worse than the shortness of breath, for the attacks of cough come on almost every time he moves, and last from five to ten minutes, straining him very much. He has lost his appetite, but does not think he has lost flesh. On physical examination of the chest there was marked emphysema, and a little rhonchus was found at the bases posteriorly. He was ordered two drachms of the cheken every four hours in half an ounce of water. In a week he returned, and said he was a great deal better in every way. The cough was easier, was "almost well yesterday." The phlegm "comes up more readily," but he did not think there was less of it. The shortness of breath was less, but that had not improved so much as the cough. On the whole it had done him "a great deal of good." He was told to continue the medicine for another week, and his report then was that there had not been any further improvement, though he had not gone back at all. His cough troubled him at night, and sometimes gave him no rest. The phlegm was somewhat less, and the breathing was a trifle easier. The medicine was then given every four hours, and on this the improvement was very marked. He did not cough "a quarter so much," and it no longer disturbed him at night. The phlegm too was "considerably less," though the shortness of breath was not much easier. He was sure the medicine did him more good when he took it every four hours, and was confident that it had benefited him greatly. He asked for a fortnight's medicine, and did not return.

Even in cases of phthisis some benefit was experienced. For example, a clerk, æt. 40, with a cavity on the right side, and consolidation at the left apex, was ordered two drachms of the liquid extract every four hours. In three or four days he noticed an improvement in the cough, the expectoration was less tenacious, and came up more readily; his breathing was easier, the night-sweating, from which he had suffered slightly for a fortnight, ceased, and he slept better. At the expiration of a fortnight he said he was better in every way. He continued taking the medicine for three months, and then, the more distressing symptoms having been relieved, ceased to attend. In three other cases of phthisis the cheken eased the cough and lessened expectoration, the patients expressing themselves as feeling better. In two cases no benefit was experienced. The amount of material at my disposal was limited and I had no opportunity of following up the subject.

That cheken can be given in large doses without the production of any disagreeable symptoms is shown by the following case:—A clerk, æt. 36, came to the hospital complaining of a distressing paroxysmal cough, from which he had suffered for about two months. There was very little expectoration, but what litt'e there was was thick and yellow, and came up without difficulty. There was no loss of flesh, or night-sweating. The chest was somewhat emphysematous, but no rhonchus could be detected. He was ordered two drachms of the extract of cheken four times a day, and a week later he reported that the cough was much better and the expectoration nearly gone. He continued taking the medicine for a fortnight longer, and then seems to have caught a fresh cold, for the cough, which had almost ceased, returned with increased violence, accompanied by a great deal of expectoration. He was then ordered an ounce of the extract of cheken in water three times a day, and this he took for a fortnight, not only without difficulty, but with marked benefit to the cough. He was then given experimentally an ounce and a half of the liquid extract in a little water three times a day and this he took for a week without the slightest inconvenience, and without any unpleasant effect, except that it confined his bowels.

I have had no opportunity of testing cheken in any of the other diseases for which it has been recommended, but entertain no doubt that it will prove a valuable addition to our remedies for winter-cough.—William Murrell, M.D., M.R.C.P., in *The Practitioner*.

Membranous Croup Treated by Pilocarpin—Change in the Color of the Hair from the Use of Pilocarpin.—Much attention has recently been attracted to the use of pilocarpin in diphtheria by the report of its favorable action in that disease by Dr. George Guttman, of Cronstadt.

Dr. Guttman obtained very favorable results in the treatment of a large number of cases. His observation was to the effect, not that the drug exerted any specific action over the disease, but that it apparently loosened and softened the false membrane by its action upon the secretion of the mucous membrane, so that the false membrane was more easily expelled. His report was followed by one from Lax, who treated ten cases of diphtheria by pilocarpin exclusively, all of which recovered. Six of these were very severe, and in two death was expected nightly. Still more recently, Dr. Ed. C. Wendt, of New York, reports three cases (Medical Record, April 9, 1881) in which, after other remedies had failed, pilocarpin was given and recovery followed. On the other hand, however, Dr. Neumeister has published an account of twenty-eight case of diphtheria treated by pilocarpin with rather unfavorable results. Five of the cases were adults, and the others children. The adults seemed to be influenced favorably; but in the cases of the children thirteen out of the twenty-three died, and in eight bad effects of the pilocarpin were observed. Neumeister's conclusion is that pilocarpin is a dangerous remedy with children, and that its value in diphtheria is not sufficient to justify its use. In a disease so fatal as diphtheria,—especially that form known as membranous croup,—any remedy which promises to avert the usually distressing termination is welcomed with avidity by the profession. In the question under consideration the preponderance of evidence seems to be in favor of pilocarpin. The success of Guttman, Lax, and Wendt has been much more marked than that of Neumeister; nor have they observed any of the unfavorable effects observed by Neumeister to follow its use. Undoubtedly pilocarpin is a powerful drug and capable of doing mischief, but my observation coincides with that of the first-named observers,—that its effects can be regulated and controlled.

The importance of the subject has influenced me to report the following case, in the hope that it may be an additional inducement to others to give it a trial:

Chas. S., æt. 14 months.—a healthy, well-developed infant, of German parentage,—was fretful and complaining for several days previous to June 9, 1881; voice and cough hoarse. June 9th the voice was lost.

June 10, P. M.—First saw the patient. He was lying on the bed, restless, but objected to being disturbed; breathing loudly stridulous, voice entirely suppressed. On examination of the throat, the entire fauces were found covered with an ashy-white false membrane. Very little febrile disturbance. Prescribed a mixture of chlorate of potassium and tincture of chloride of iron internally, and a one per cent. solution of carbolic acid to be applied locally; also, in case the dyspnœa should increase, an emetic of turpeth mineral.

June 11, A. M.—Patient worse; dyspnœa and restlessness have increased; the emetic had not been administered; gave a dose (25 centigrams) while I was at the house. It caused free vomiting, with expulsion of several pieces of false membrane, and was followed by great prostration. So much difficulty was encountered in mopping the throat that it was discontined, as was also the iron mixture. The following prescription was ordered:

℞ Pilocarpin. hydrochlor., 0.02 gram;
Sacchari lacti, 2 grams.
Fiat in chart. no. x.

Sig.—One every hour.

Directions to repeat the turpeth mineral if necessary. Milk punch *ab libitum*.

June 11 P. M.—Condition about the same as in the morning.

June 12, A. M.—Condition no worse. Emetic of turpeth mineral during night. Dose of pilocarpin doubled.

June 12, P. M.—Patient better; has slept most of the day; stridulous breathing less marked; more cough, and cough looser; sweating and salivation very free; dose of pilocarpin reduced to the original amount.

June 13, A. M.—Still better; passed a comfortable night, sleeping all night; stridulous breathing gone; false membrane has disappeared from the fauces.

June 13, P. M.—Still improving; cough troublesome, but loose; aphonia still present.

June 14, A. M.—Still improving; slight return of the voice in crying.

June 15, A. M.—All the symptoms decidedly better; appetite returning.

June 18.—Since last record the improvement has been steadily progressive. No longer any sign of false membrane, and the voice has returned. The bowels, however, are very loose. Pilocarpin discontinued, and a diarrhœa mixture ordered.

When I first saw this patient I considered the prognosis very unfavorable,—I might say almost hopeless. The child was in that state so familiar to us in advanced membranous croup. The result can hardly be attributed to the two doses of turpeth mineral taken, although portions of false membrane were thus thrown out. In numbers of other cases I have used this emetic, and never but once with favorable result. In the successful case referred to, the diphtheria had commenced in the fauces and extended to the air-passages. A complete cast of the trachea was twice expelled under the action of the yellow sulphuret of mercury. In the case now under consideration this did not occur. The improvement followed the administration of the pilocarpin, and was most marked when the action of that drug upon the system became decided. Its mode of action seemed to be by loosening and softening the false membrane, so that it was easily expelled by the act of coughing. The salivation and sweating produced did not distress the little patient, and were easily controlled. It caused a marked tendency to sleep.

A word in regard to the administration of jaborandi: The most economical as well as the elegant form is that of infusion. This, however, in dose of from three to six grammes of the leaves is sufficiently certain in its effects. The fluid extract of jaborandi is a more concentrated form of the drug, and, if freshly prepared, is reliable in doses of four grams. The solid extract may also be used in cases where it is desirable to give the medicine in pill form. But undoubtedly the most elegant as well as the most reliable preparation is the alkaloid pilocarpin, either as the hydrochlorate or the nitrate. Pilocarpin is the active principle. In using the leaves, the activity or efficient dose will depend on the proportion of the alkaloid contained, and this varies with different specimens. The best jaborandi comes from Pernambuco, Brazil, and is the product of the *Pilocarpus pinnatifolius*. Since the development of an increased demand for jaborandi, an inferior article has been put upon the market from the Argentine Republic, consisting of the leaves of another species of pilocarpus, which contain a smaller proportion of the alkaloid. The same uncertainty of strength would apply to the fluid and solid extracts. Their strength in pilocarpin would depend upon the quality of the leaves from which they are made.

In many cases where we are called upon to administer this drug the stomach is irritable and will not retain medicine. The pilocarpin salt is soluble and entirely unirritating when given hypodermically, and in the dose of one centigram (one-sixth of a grain) acts promptly, producing full diaphoresis and salivation. For hypodermic use it is best to order it in powders,—one centigram each,—and dissolve in water at the time of using, repeating the dose hourly until the desired effect is obtained. As a general rule, solutions of all alkaloids are objectionable, for the reason that they are readily decomposed. In treating young children it is often difficult, and sometimes impossible, to administer the infusion of jaborandi, or even the fluid extract. The pilocarpin may be given in doses of from one to four milligrams (one-sixtieth to one-fifteenth of a grain), in powder with sugar, and is pleasant to the taste. I can, however, see no advantage in the combination offered by Dr. Guttman,—with pepsin and hydrochloric acid. It is best, unless there be good reason to the contrary, to keep prescriptions simple, especially where we desire to observe the action of a new remedy. For this reason I think the prescription given above preferable to that of Dr. Guttman.

Change in the color of the hair.—In a recent article (Philadelphia Medical Times, July 2, 1881) I reported a case in which a remarkable change occurred in the color of the hair of a patient while under treatment by pilocarpin. Having this in view, I took a specimen of the child's hair in the present case, in order to compare with the color later and see if any change took place, The case seemed at first so hopeless that the specimen was not taken until June 17th, when the pilocarpin had already been administered for six days. The second sample was cut from the child's head on June 27th, ten days later, care being taken to select a place corresponding to that from which the first sample was taken. The difference between the color of the two is not great, but is sufficiently marked to be distinct. The first specimen is a light brownish-yellow, and the second is a shade darker. I did not anticipate, in this case, any change in the color of the hair, because I did not think the pilocarpin had been taken long enough. The specimens, however, show a decided change, and I record it for what it is worth.

Chaulmoogra Oil.—I could give instances of the effect of chaulmoogra oil in phthisis, but physicians who are working with it are reluctant to record their early experiences of it until they feel confident that it will arrest the disease. If only relief, as Dr. Murrell says, can be afforded with certainty, it is of value. The treatment is as follows: The patient should be encouraged to partake of some solid food, and afterwards, in about an hour, the liquified oil is rubbed into the chest and back for half an hour with the ends of the

fingers; then, for the first night, only one capsule of five drops of the oil is given. It has been conclusively proved that it is best to begin this oil with small doses, and to increase them, although it is well to rub the patient both night and morning. There is so much fear of the oil causing nausea if given during the day, that it is much better to increase the dose, and give it only at night.

In India, although this oil has been used from time immemorial by wealthy natives, the poor people cannot take it because they do not get enough food, and yet, if the poor are cared for in the European hospitals (many physicians inform me) the effect is most marked and rapid. This is fully borne out by the experience gained here that people under treatment must live generously. So many, not having cared for food, cannot understand why they feel so hungry if it is not explained that the action of the oil produces this effect, then, after the feeling of hunger unsatisfied, follows a pain in the chest, and nausea. This often follows after rubbing, when it has not been convenient to partake of food first. By careful treatment an adult can take up to 20 minims of oil at night. Another excellent plan is to mix the chaulmoogra oil with cod liver oil, and if the smell is objected to, some menthol may be added.

Until some great authority pronounces "cure" in phthisis, we must be content to use the word "relieved," or "so far improved." In some cases patients can return to their duties; they can go to bed and obtain natural sleep without excessive perspiration, and the cough is under control. Having known instances of this sort, I conclude that there is ground for perseverance. It is of the utmost importance that the oil should be pure.

Method of Taking and Applying the Oil.—For rheumatism and rheumatic gout the oil should be liquified by heat, and then well rubbed into the parts affected with the ends of the fingers.

At bed time commence by taking one capsule containing 5 drops of chaulmoogra oil—the next night two capsules, and if it is a case of long standing, another capsule of 5 drops may be taken after the mid-day meal.

It is most important to remember that chaulmoogra oil must not be used if the stomach be empty, or it will produce nausea.

It is a perfectly safe medicine to give to a child, one or two drops in cod-liver oil at bed time, if care be taken to administer it after food.

In the case of sprains and bruises, many hunting men can testify to the relief that they have experienced from chaulmoogra after severe falls. The application in this case is external rubbing.

Stiff joints will yield to a few days rubbing wth the oil.

For neuralgia, toothache and sciatica, the oil should be mixed with chloroform and menthol, and should be applied externally, and well rubbed into the parts affected; when the pain is confined to the nerves in the face, a piece of cotton-wool may be saturated and placed in the ear, and it will not cause inflammation. If in the jaw or tooth, then a piece of cotton-wool saturated with the mixture may be placed against the gum, and the face well rubbed. The relief is so rapid that many who have tried it declare it to be instantaneous.

It may be applied externally by rubbing, and taken internally. It is always best to commence with small doses of not more that five drops at night.

I may again mention here that whenever this oil is being used it is found to cause an increased appetite for food, and this symptom must be attended to, and a generous supply of food taken, or a pain in the chest may result.

It can be safely applied to open wounds.—Thos. Christy, F. L. S., in *New Commercial Plants and Drugs.*

MIKANIA GUACO.—In South America, under the name of "guaco," several plants enjoy a considerable reputation as remedies against snake bites. Most of them are species of Aristolochia, but one, the Mikania guaco, is a composite plant. Notwithstanding this reputation, very little trustworthy evidence has been published as to the real efficacy of any of them and an attempt made by Dr. Schomburk a few years ago to introduce the Mikania guaco into South America, with a view of clearing up the doubt, does not appear to have led to a definite result. In a letter, however, recently received by the director of the Royal Gardens at Kew, from Mr. Robert B. White, of La Salada, New Granada, the writer gives his personal testimony as to the value of the remedy, and some other information which, by the courtesy of Mr. Thiselton Dyer, are made available for the readers of this journal.

Mr. White says the Mikania guaco is the true "guaco," and forms the basis of all the preparations of all the snake bite doctors of the district. There are two varieties, one with green stems, the other, called "morado," with purple, the latter being the most prized. There are several species of snakes in the country whose bite is deemed mortal, some of them killing in a very few hours, but Mr. White, who has lived in the Choco and other snake infested regions many years, testifies that the guaco, properly and promptly administered, is a cure for the bite of the most venomous.

In case of snake bite, when the guaco leaves can be obtained fresh, an infusion in sugar water is made, in the proportion of one leaf to a large cupfull, and this quantity is given hot every hour. It is said to stop the vomiting usually occurring. The leaves are also preserved by bruising and placing them in alcohol, and of the tincture thus formed a teaspoonful is administered every half hour for one hour and a half, and then every hour, and afterward the dose is gradually diminished. Hot poultices of the bruised leaves and stem of the plant are applied to the wound, taking care not to use sufficient heat to drive off the volatile principle of the plant. If there be swelling and pain, the limb is fomented with hot water, to which some tincture of guaco has been added.

The Mikania guaco is described as growing from seed in any good soil where there is a temperature of 24° to 25° C., and would appear to be a plant deserving of physiological and chemical experiments to determine its true character. It is worthy of note that it was at one time said to be the source of condurango.—*The Druggist.*